

THE AMERICAN JOURNAL OF NURSING

VOL. III

SEPTEMBER, 1903

NO. 12

NURSING IN PNEUMONIA

By JESSIE E. CATTON

Boston City Hospital

WHILE the care of a patient during an attack of pneumonia should have the strictest medical supervision, if no complications occur nursing is considered rather more important than treatment. The kind and degree of knowledge necessary for physician and nurse differs widely, but an intelligent understanding of some of the more important clinical features of the disease will greatly aid the nurse in helping to conduct the patient safely through the attack. For instance, if she have some knowledge of the cause of the poison produced in the air-cells of the lungs, she will more readily appreciate the measures taken to resist its activity, and will realize the importance of husbanding the vitality and endurance of the patient to combat the growth of this cause.

The initial symptoms and their increase in severity during the first week—the changes taking place in the lungs during different stages of the disease, the character of the expectoration, the regularity and frequency of the pulse-rate, and the probable time of crisis are important points to be noted in each case. There are many types of the disease, some of these types being especially serious in young children, the aged, and people of intemperate habits.

To prevent exhaustion by maintaining the forces of the patient is the great object of the nursing care of pneumonia. To this end absolute rest in bed should be enforced from the beginning of the attack. In bedmaking, in administering treatment, as well as in the care essential for perfect cleanliness, an important principle to be observed is to save the patient all unnecessary exertion and fatigue in every possible way.

Comfort in bed depends largely upon the adjustment of the pillows in a way to sustain the patient in the position he is best able to

assume. The shoulders principally should be supported, as breathing is easier for this support. If only one lung is affected, the patient usually prefers to lie upon the side involved in order to give the sound lung more breathing capacity. Warmth, light covering, and freedom of movement for the extremities are also essential.

In many instances severe pain in the side is present, especially during an attack of coughing. A swathe pinned tightly about the thorax lessens this by diminishing expansion of the chest.

The importance of air fresh with as much oxygen as possible has led to the custom of placing the beds of patients suffering from chest complaints near open windows. This, however, requires judicious management in pneumonia, for while an abundant supply of fresh air is indispensable, draughts should be avoided, lest perspiration be checked or a distressing attack of coughing be brought on. Often there is more or less exposure during the examination of the chest by the physician, and at this time provision against draughts should be arranged for by the use of screens or hangings.

Since one cause of exhaustion in pneumonia is high temperature, just how far it should be reduced and the means to be resorted to for this purpose are questions of importance. Although pyrexia is not long continued, if the temperature reach a height of 104 degrees or above, it is usually thought best to reduce it, and the external use of cold is preferred by many physicians rather than large doses of antipyretic drugs.

Probably at no stage of the nursing in pneumonia is the nurse intrusted with more responsibility than when giving treatment in the form of a cold bath, especially should it be considered necessary to reduce temperature by this means near the time of crisis. Any weakening of the pulse or tendency to collapse should call for an immediate withdrawal of the application of cold.

Among medicinal antipyretics may be mentioned quinine. Its use is not considered justifiable by physicians generally, because in order to obtain from it any effect upon the temperature it is necessary to administer it in large doses, which are disturbing to the system.

A serious objection to the use of hot applications to the chest, such as poultices or fomentations, is the retention of heat in the body. When chest applications require frequent renewal, the bedgown worn should be arranged to allow free access to the chest in order to avoid any extra exertion on the part of the patient. Poultices made in the form of jackets should be light, lest breathing be interfered with.

An instance is related where the pneumonia patients on one side of a hospital ward were treated by the use of chest poultices, and those

on the opposite were protected with cotton jackets and given large doses of antipyretic drugs, a lively interest being manifested by physicians and nurses as to which form of treatment proved more beneficial. In those days the use of hydrotherapy for reducing temperature in pneumonia would not have been in favor, and treatment directed against the growth of the pneumococcus had not yet been inaugurated.

Delirium, so often present during the acute stages, demands careful watchfulness on the part of the nurse, as it is considered dangerous to restrain the movements of the patient lest he become exhausted by efforts to resist the restraint. Much can be done to soothe delirium by tepid sponging or giving a warm drink.

The quantity of sputum should be carefully observed, as an absence of expectoration in the commencement of the disease is considered unfavorable. It is of a viscid, tenacious appearance, and an iron-rust color is common rather than streaks of clear blood in the mucus. Since pneumonia is known to be infectious through the sputum, great care should be taken with its disposal. A sputum-cup lined with white paper which can be taken out and burned and the cup subjected to frequent boiling should be used.

The diet should be simple and nutritious. It should be light enough not to excite cough in swallowing nor to increase dyspnoea by distention of the stomach. An over-nutritious diet tends to weaken the action of the heart by overtaxing the digestive powers. Food need not usually be given oftener than every two hours. If milk be well borne, it is advisable to give this alone while the acute stages last.

Quantities of fluid other than the amount required for nutrition tend to embarrass breathing by filling the stomach and causing pressure upon the diaphragm. It is well to prolong the liquid diet for a few days after the crisis has occurred for fear of a return of the fever, although if strength be slow in returning, a little properly prepared solid food may be given, such as scraped beef, milk toast, or a soft-boiled egg.

The crisis, which occurs about the seventh or ninth day, is an anxious period, since it is the turning-point of the disease. With the sudden fall of the temperature there is profuse perspiration accompanied by some prostration, and the nurse must be on guard at this time, noting any change in pulse-rate, marked dyspnoea, or coldness of the extremities.

The usual causes of death in pneumonia other than general exhaustion are failure of the heart and the respiratory forces, and important drugs which act as stimulants both to the respiration and circulation are the four alkaloids—strychnine, cocaine, atropine, and caffeine.

Although convalescence usually follows rapidly after the termination of the disease by crisis, all danger is not then over, and recovery, especially in aged persons, must be promoted by a careful dietetic treatment. The diet at this time should be especially nourishing, and after the regulation three meals a day have been resumed it is well to give some light form of nourishment at regular intervals between meals.

A change of air is also considered beneficial, the chief points in selection of climate being mildness and absence of strong winds and dampness, especially during the winter months.

Rest during convalescence should be mental as well as physical, for if the attack has been severe, the nervous system has been subjected to more or less strain.

A VISIT TO A MEXICAN COTTON PLANTATION

By BESSIE H. STEELE

Graduate Michael Reese Hospital, Chicago

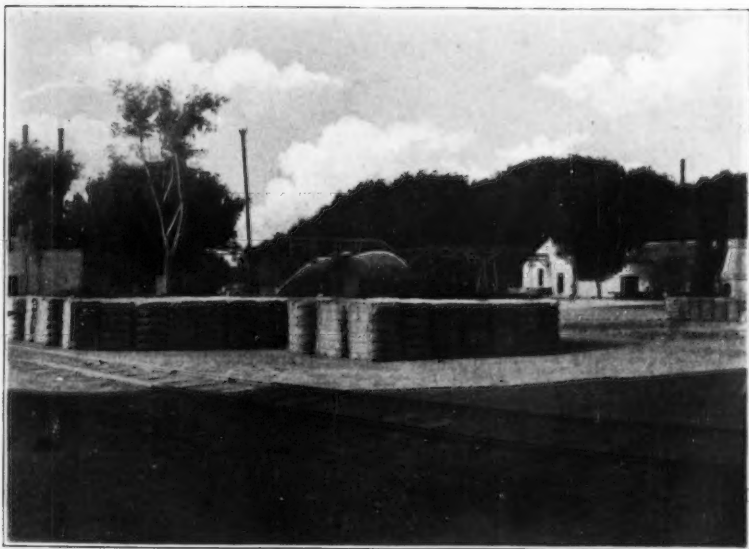
My first visit to a cotton-field was made during a stay at New Orleans some years ago, but things are done on a scale so much larger on Mexican plantations that I was delighted when we received an invitation from Dr. Brodrick to become his guests and view the broad acres of the Tlahualilo Company in the State of Durango.

This ranch contains one hundred thousand acres, the greater part of which are under cultivation, and employs seven thousand Mexican laborers (peons), all of whom reside on the property with their families, forming villages around the ranch-houses, which are called in Spanish *haciendas*. Each *hacienda* (of which there are ten) has its own *administrador* and its own little village of *adobe* huts, which are occupied by the peons. In addition, there is the *administrador en general* and staff in Zaragoza, while the head offices, with the general manager, are located in Mexico City. The resident Americans include a doctor, a civil engineer, cotton sampler, etc., while all the clerical work is in charge of a Spaniard with Mexican assistants. There is also a native school-teacher and a Mexican *padre* (priest), who officiates at the little Catholic chapel and collects his fees from his parishioners.

We arrived at ranch head-quarters on a Friday night, and the next morning were taken by the doctor to the tramway, where an engine stood ready to make the rounds of all the fields, to collect the cotton-cars from the different *haciendas* to be brought to the gin at Tlahualilo,



ONE FIELD OF COTTON, CONTAINING 4,500 ACRES, TLAHUALILO, MEXICO



COTTON-GIN AT TLAHUALILO, MEXICO, BALES OF COTTON IN FOREGROUND



THE DOCTOR IN HIS DRUG-STORE, TLAHUALILO, MEXICO

where the cotton and cotton-seed are variously treated and prepared for shipment.

The day was a glorious one! A perfect arch of blue stretched above us unbroken by even the tiniest cloud; on the horizon those fantastic-shaped mountains so peculiar to Mexico lay sharply defined against the sky; the far-reaching fields of cotton—thousands of acres “white to the harvest”—were dotted with Mexican laborers; and over all streamed a flood of that incomparable Southern sunshine, its rays tempered by a gentle breeze and by the shade of alamo-trees, which lined the irrigation-ditches.

Water is money here, and each ranch-owner jealously guards his share. The Mexican government apportions the water and owns the main ditches, which are supplied from the Rio Nazas, a large river having its source in the Sierra Madre Mountains, and to whose waters the irrigation and cultivation of all this part of Northern Mexico is due. In fact, the prosperity of the whole Laguna District (which includes part of the States of Coahuila and Durango) is dependent on the size of the cotton-crop.

Rain falls only during part of the year, from June to October, and during several months the river and ditches are quite dry. Near San Pedro, however, the moisture remains longer in the ground, and from a thorough wetting assures a crop for three years. It is a general saying here that “the average planter can make headway if he has one good crop every five years.”

On a rudely constructed but comfortable seat in front of the engine, having the place of honor between the civil engineer on one side and our host on the other, I felt safe and happy as we skirted the canals and bumped over the rather rickety-looking bridges spanning the irrigation-ditches, full of water to the very brim.

An impromptu bath would have been by no means pleasant, for the water was both deep and dirty, the latter condition owing probably to the *silt*, a deposit of mineral salts and decomposed vegetable matter brought down from the mountains by the Nazas River, and supplying the only fertilization necessary to the plantation.

As we journeyed along, here and there we met groups of peons returning from work, although it was yet scarcely noon. The Mexican laborer is inherently lazy and unambitious, and cannot understand why anyone should hurry or do any more work than he has to. His employer has found that only a certain amount of work can be gotten out of him in a day, and so allots to each his share. For this they receive from thirty-seven cents to fifty cents per day of Mexican money, which is equal to less than twenty cents of United States currency. If by dint of

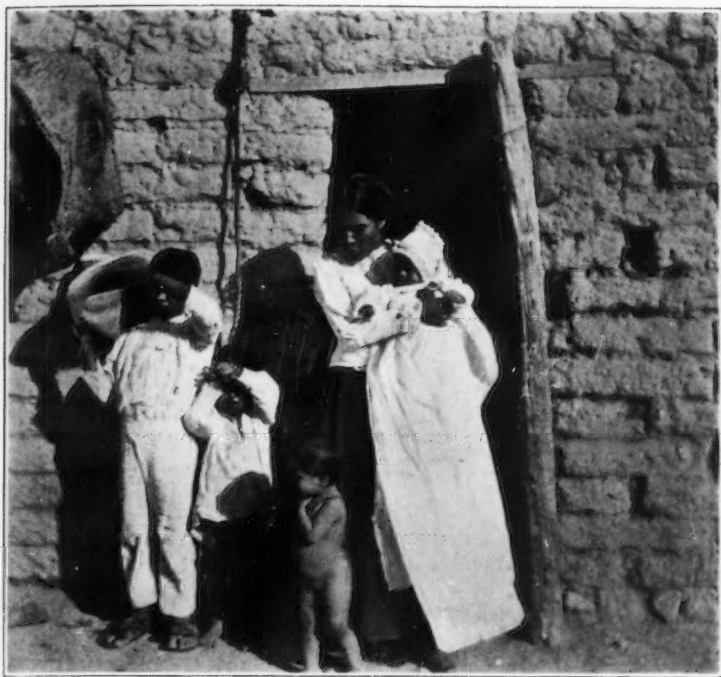
getting out a little earlier and idling over his work a little less he can get through sooner, he comes home singing, to smoke and lounge and gossip for the remainder of the day.

By nature indolent, he is also by nature improvident, and literally "takes no thought for the morrow." The wages received on Saturday night are usually gone by Monday morning, and possibly there is not a *tortilla* (Mexican cake) in the house, so that he must borrow food from a neighbor or get an advance on his next week's pay to keep his family from starving. He is, however, generous to a fault, and will lend to his neighbor as readily as he will borrow from him, is respectful to his employer and to all superiors, and is generally inclined to be humble and modest.

The Mexican peon is truly a Bohemian in every respect but one—he is not nomadic! It is, on the contrary, very difficult to induce him to leave his home to go to another part of the republic where labor is scarce and wages double what he is receiving. The wealthy ranchman has therefore resorted to the expedient of removing whole villages of the peasantry and providing quarters for them on his plantation. The *adobe* houses usually consist of one windowless room with a mud floor, on which you will find half a dozen partially clothed children squatting, for they live in a very filthy manner, the mortality among infants being as high as fifty per cent.

Dysentery is common among the natives and specific diseases extremely so, reaching as high as sixty-five per cent. Enteric fever is quite rare and is usually of a very mild type, probably owing to the complete absence of sewerage, so that the drinking-water is not contaminated by drains. We saw some Mexican women (with the inevitable *rebozo* draped over the head) drawing water in earthen jars from an excavation in the ground which formed a natural reservoir, and from which they get their supply of water the year around. When the alamo-trees shed their leaves (which they do in the very early *spring*, not in the *fall*) they drop into this pool, giving a brackish color and a bitter, acrid taste to the water.

The genial doctor related to us many interesting facts and amusing anecdotes about the Mexican peon. An ordinary dose of medicine, he found, would have no effect whatever on the patient. Twice or three times the dose that would be given to an average white man was necessary to treat his Mexican brother. Frequently a patient who left the doctor's office with an eight-ounce bottle of medicine, which should have lasted several days, would return next day with the empty bottle *for more*, apparently none the worse for his self-prescribed dose. It must have been taken on the principle that "a little being good, more is better."



A MEXICAN FAMILY AT PEDREZENA, MEXICO



"UN ANGELITO"—A BABY'S FUNERAL AS SEEN AMONG THE PEON CLASS



A PORTION OF THE MARKET-PLACE, TLAHUALILO, MEXICO



A PORTION OF THE MARKET-PLACE, TLAHUALILO, MEXICO

They are evidently of a stolid nature also in the matter of nerves, as the doctor had never found the usual symptoms of shock to follow either a major surgical operation or a severe accident.

After spending all day on the tramway, visiting several other *haciendas*, with an interval for luncheon and the inevitable *siesta*, our host conducted us through the gin, where the cotton is separated from the seed and packed in bales for shipment, and to the mill, where oil is extracted from the cotton-seed by intense heat and screw-pressure—one of the most interesting processes we ever watched!

Cotton-seed oil is used largely in lieu of olive oil, and is also utilized by the factories in the State for the manufacture of soap and glycerin. The residue of seed, which is formed into large, flat cakes by the process of extraction, is shipped to Hamburg for cattle-feeding.

We took a glance at the interior of the chapel, with its draped altar, cheap pictures of the saints, and a few devout worshippers kneeling humbly on the bare floor near the entrance, and were then escorted to the hospital.

"How would one of you Northern nurses like to take a case here?" said Dr. Brodrick to me as we entered the little whitewashed *adobe* building, consisting of two wards of three beds each and an operating-room.

As only extreme cases are brought to the hospital, there was but one patient in each ward—a very emaciated woman with a bad case of dysentery in the female ward, and in the adjoining room a man with a gunshot wound in his back and a bullet in his lung. An aseptic dressing had been placed over the wound and conservative treatment adopted (*viz.*, no probing), as advocated by Dr. Senn. It was now the fifth day, hemorrhage from the lung had ceased, and there was no fever, so that the patient had a fair chance to recover, which he eventually did.

Everything was clean and neat, in striking contrast to the homes of the patients. The little operating-room was very meagrely furnished, having the barest necessities for surgical work, yet here operations could be performed with a much greater degree of asepsis than in the home. In the wards the beds were low cots, the floor was of uncovered brick; to me the heat seemed intense, and flies swarmed over the netting which protected the patients' faces; no baths were ever given, as the two attendants were not intelligent enough to obey any but the simplest instructions. They could not tell the time of day by a watch or clock, so that when the medicine was to be given every two or three hours the doctor would say in Spanish, "*Cada ratita*" ("Repeat at short intervals"); if every four or five hours, the instructions were, "*Tres o cuatro veces al día*" ("Three or four times a day").

Yet, although the nursing was scant and rather unintelligent, it must have been a blessing to those poor sick ones to be brought from their own dirty homes, where a piece of matting on the earthen floor with a *serape* (blanket) to cover them formed their only pallet, to the clean, quiet wards of this little hospital.

In the mill four men were pointed out to us who had been badly injured by an explosion, one having had at least two-thirds of his body burned and scalded (much less than that generally proving fatal), but they had all recovered, which speaks well for American medical skill backed by a Mexican constitution.

In the late afternoon a little procession of native women and children met us headed by three musicians playing a weird, plaintive air. Borne aloft on a white-draped table was the corpse of a little child. The little form was carefully dressed in white and garlanded with flowers, and a little, blue-painted coffin was carried in the rear. They call it "*un angelito*;" and it is an episode which occurs frequently among the peon class, whence so many "little angels" take their flight.

We visited the public market-place, where fruits and vegetables are exhibited, spread out in symmetrically arranged little heaps on a piece of cloth or paper on the ground, and where the vendor lives behind his stall.

Many of the booths are formed by awnings of coarse white cotton stretched overhead, screening the perishable articles from the too ardent rays of a tropic sun, and, when grouped together, producing a very picturesque effect. We purchased a fine, ripe watermelon, and when the moon rose sat out on the balcony of the doctor's house and enjoyed it.

Can I ever forget the beauty and charm of that evening, when the southern moon,

"Like a spirit glorified,
Filled and overflowed the night
With revelations of her light"?

The great square fronting the *Casa Grande* was flooded with the mellow glow, and it touched the picturesque clumps of alamo-trees and the dark line of mountains in the distance, while around us lay "a silence that could be felt," broken occasionally by the strains of some sweet Mexican air from the peon quarter or the harsh "Ye-haw" of a corralled burro.

We were silent, talked, and were silent again, feeling our Northern hearts touched by the charm of this Southern land and its silent, soft-tongued, *serape*-clothed people.

Sometime the Anglo-Saxon language will be spoken throughout their land, and they will be educated and civilized, and no doubt *bettered*, by influences from the North. The tide of civilization is sweeping that way now, and in its van, with skilful hand and gentle, sympathetic touch, march the doctor and his aide-de-camp, the trained nurse.

The night wore on; we watched the shadows lengthen as the moon slipped down behind the hills, and at last, reluctantly, we tore ourselves away, to get some sleep before taking the early morning train back to Torreon.

AN EXPERIMENT IN CONTAGIOUS NURSING

BY L. L. DOCK

Henry Street Nurses' Settlement, New York

THE older members of the nursing staff of the settlement in Henry Street have long been troubled by the question of contagion in the tenements. As a rule, contagious diseases are strictly banned by all district-nursing associations. Those having printed rules usually state that the nurses will not be sent to contagious cases. We, having no printed rules, and only such as are made by common assent, have always been rather more flexible in the matter of attending contagions than any other district nursing association that I know of, and have occasionally taken up some special case when the call was urgent.

The conditions of excessive crowding in our neighborhood make complete isolation of contagious cases so absolutely impossible that it often seemed more reprehensible to refuse some serious case than to disregard the principles of technique which, important as they are, are in practice almost grotesquely remote from the life about us. As we do not take obstetrical cases at all, it was usually possible to make some emergency arrangement.

In February last it so happened that one nurse's services could be given entirely to this class of cases, and we decided to make an experiment which we hoped might be a demonstration and, perhaps, lead to some thorough-going system of oversight for these cases, Miss Hitchcock and I having visions of the free dispensaries establishing a nursing service for contagions, but Miss Wald already discerning the possibility of municipal oversight through an extension of the functions of the Department of Health.

During past administrations, when bad politics ruled, the contagious hospitals of the city were dreadfully neglected—more so even

than other institutions, as they were less in the public eye. The Willard Parker Hospital, where the diphtheria cases were sent, was painfully inadequate in size, though the medical and nursing care was good. On North Brothers Island a good scarlet-fever pavilion was also absurdly small in bed space, and other wards were opened in decayed and broken-down shanties which a good, thrifty farmer would hardly have used for live-stock.

The city of London provides hospital accommodation for seventy-five per cent. of its contagious cases.

The city of New York, up to 1901, had bed space for seven per cent. These figures speak for themselves.

When Dr. Lederle, the present Health Commissioner, took charge, the better handling of contagions from all sides, both in the hospital and in the homes, was one of the many reformatations to which he devoted himself. His work, beginning at the top, and ours, going on at the bottom, were not long in meeting, and the nursing care of contagions in the crowded tenement quarters soon proved itself to be but one part of the whole great problem of municipal sanitation, not to be dealt with in a sporadic way, but as part of an orderly and comprehensive plan.

In many ways these are the neediest cases a district nurse can find. For one thing, the mothers, always nerveless and weak-hearted when it is a question of applying treatment against the resistance of a child, are doubly ineffective when the orders call for treatment so distinctly repugnant as nasal irrigation, throat spraying, and the like. The child violently resists, and few mothers can even hold the hands still except under the sternest mandates. The nurse quickly finds that, with rare exceptions, such orders are never carried out except when she is present. Then the fear of bathing and of air, so deeply grounded in European medical teaching, as it would appear, is universal among our foreign people, and it is a most piteous sight to come into a small, stuffy, crowded room, with every window tightly closed, and find a child blazing with scarlet or measles, with inflamed eyes, occluded nostrils, and angry throat, pasty and sticky with the dirt of a week upon him, and dressed in full woollen clothing, shoes and stockings, and an enormous scarf or towel swathed around his poor little neck, with probably a slice of greasy bacon tied underneath. The bed is invariably filthy, for the parents are afraid to annoy him. The stereotyped answer of the mother when the nurse asks whether this or that has been done is, "He won't let me." But especially is it from the larger standpoint of the family and the neighborhood that contagions are most serious. For the protection of the school, quite rightly, the well children are all excluded

when there is a case of scarlet, measles, or diphtheria at home. It is then at once evident what a large proportion of school-time is thus lost by the children of the wage-earners of the great city when one adds up the ten days to two weeks of measles, the ten days to four weeks of diphtheria, and the six to eight weeks of scarlet during which the infection remains active.

Then right beside the guarding of the schools and loss of school-time to the well children, and in almost ludicrous contrast to it, goes on the crowded family life of the tenements, full of the most absurd details of "mixing-up" the sick and the well in one vast and hopeless jumble.

The father goes daily to his work, whatever it may be; the older boys and young women go to their shops and factories; the mother goes daily to the market, jostles her neighbors on the stairs, and stands in groups of adults and children with, as we have often seen, the infectious discharge from her child's nose or throat drying upon her apron; the friendly women of the same floor come in and sit about; icemen and other vendors come and go; the old Hebrew teacher brings his smudgy books and sits beside the sick child's bed to teach the others their lessons. Pillows and bedding are indiscriminately used; blankets and sheets are usually shaken from the windows and aired on the fire-escapes.

The supervision of the Department of Health is as complete and strict as is possible under the circumstances. Physicians are required to report all contagious cases immediately, and an officer placards the door with a large card stating the nature of the disease within and warning all against entrance. Leaflets in several languages are distributed giving the clearest and most explicit directions for domestic disinfection.

(Though these leaflets, among the Jews, are usually read, yet the conditions of the tenement are such that their directions are rarely followed, and I doubt if the Italians ever dream of paying any attention to them. They are usually found behind the looking-glass or placed as a mat under the medicine bottles.)

In all throat cases cultures are taken and antitoxin is furnished free, and is also administered by a physician from the Health Department in response to calls from any part of the city, and with wonderful celerity.

A medical inspector visits each contagious case once a week to watch progress and order disinfection, and this weekly visit is made with unfailing regularity.

When the case terminates, the rooms are disinfected, mattresses and

bedding will be steam sterilized without cost, and the landlord is directed to clean and paint.

Yet with all this care and detail, isolation in the tenements is little more than a farce. For instance, Mrs. Doolan will meet the nurse thus, "Oh, the doctor from the Board of Health was round, and Johnny was playing in the entry with the boys, and the doctor was awful mad" (Johnny being in the "peelingist" stage of scarlet!)

Compulsory hospital service seems a necessity so fundamental, where people are so closely crowded together, that without it inspection seems to a great extent a waste of time and trouble.

If the hospitals were adequate, and the people were taught to understand that contagious diseases from crowded houses had to be sent there, they would soon become accustomed to the idea, and familiarity with the beneficial results of the hospital, when patients were sent early, would soon become a matter of general knowledge. As it is, the patients are often sent too late, when the parents are desperate, or when the patients are really almost in a dying condition. This is unfair to the hospital, and gives it in many instances a reputation among the poor as a place to be dreaded, which it does not deserve.

A feature of the work that gave me much concern was the frequency of nephritic complication in scarlet. I should much like to compare the proportion with that of a hospital where the patients were taken in good time. Of course, to take the records from one where they went late in the illness would not be just the same. I felt certain that the nephritis I saw would not have occurred had the patients gone early to the hospital. The mothers feed the children too soon with solids, let them run about too soon, and do not give them enough fluid.

Since the use of antitoxin diphtheria has lost much of its terror, and is really less dreadful in the tenements than scarlet fever.

Measles seem often a simple disease, yet no full evidence is at hand to show how many children recuperate fully in strength after it.

A difficult thing to combat is the prevalent belief that all children must have contagions. "What's the use of that?" said one doubting father who was a very intelligent man otherwise; "all children must have these sicknesses."

"Why, no," said the nurse, "I have never had them."

"Well, you will have them," replied the parent in tones of conviction.

Three months of this service, interesting as it was, was gladly given up by the settlement when it was found that the Department of Health was prepared to take it up. Dr. Lederle, already planning for extended hospital buildings and compulsory hospital service when the

public health demanded it, established three nurses on the first of June to conduct a district nursing service for the contagious cases reported from the tenements of a definite manageable limit.

Mrs. Martha Peltier, a graduate of the New York City Hospital, took the diphtheria cases; Miss Katherine MacNamara, of Chicago, was put on the scarlet-fever cases, and Miss Katherine Healy, of the Kings County Hospital, Brooklyn, on the measles cases.

They came to us for a few days previously for initiation into the mysteries of streets, courts, and houses, and the preliminary supplies, and during June have reported every day at the settlement, their cases being telephoned down from the Health Department. They have used the bedside notes and daily records used in the settlement, and Miss Hitchcock, who has charge of all the nursing, has planned out with them their daily work, and has also assisted the department in arranging a very satisfactory mode of procedure for their technique in disinfection.

Dr. Lederle has now rented a small house next to the Willard Parker Hospital, and has cleansed it thoroughly and painted it throughout with enamel paint. The nurses live in their own quarters, but hereafter will come every morning to the little house in street dress. Here they change to their nursing uniform, and, returning in the late afternoon, again change all external clothing, including boots, wraps, and nursing-bags. These are all carried in suitable receptacles to the disinfecting plant of the hospital, where they are sterilized over night and returned early in the morning.

The nurses now get their supplies from the hospital and will no longer report at the settlement, but will continue the work as a distinct branch of the Department of Health.

Dr. Bryant, of the Willard Parker, has shown the greatest interest in the plan and has taken much pains to perfect the details relating to the coöperation of the hospital.

The nurses are all experts in contagious diseases, with full hospital training, and, accustomed to the rigid technique of the hospital, they were horrified beyond words at the conditions they found in the tenements. They are splendid women, full of enthusiasm, and their records will undoubtedly be a most valuable addition to the annals of municipal sanitation, and of much use to the Department of Health (the best in the country), whose badge they now have the honor of wearing.

A schedule of the cases of three months is appended, with descriptions of a few typical family conditions:

The family of L—— lived in a very old, dilapidated rear tenement containing ten apartments of two small rooms each. ("Rear tenement" means that the house stands on the back of the lot and is separated from the larger front house by about twelve or fifteen paces. In the little yard stands the row of horrible wooden privies, where all discharges must be carried, unless they are emptied into the sink.) Two families live on a floor, each having two rooms. The front one is sitting-room, kitchen, and laundry all in one, with an old couch or sofa where one person may sleep. The small room opening from it, with a little window at the back, is the bedroom, and holds one large bed with a pile of extra pillows. The L—— family consists of father, mother, and five young children. No water supply is in the rooms, but must be carried from the landing in the entry. Here two children had a severe scarlet fever, and while still ill two others came down with measles.

Mrs. D—— lived in a similar apartment in a house equally wretched and even dirtier. She had five children, three of whom came down at the same time with scarlet. Although the medical inspector advised hospital, she refused to let them go. However, as she was a widow and largely dependent on charitable aid, it was possible finally to compel her to send them.

The W—— family lived in a basement so far below the level of the street that it just did not quite come within the definition of a cellar. Their rooms were at the back, looking out upon a small courtyard, the level of which was almost to the top of their window. The living-room was dimly light and the two bedrooms almost entirely dark. No sun ever reached any of the three. A case of scarlet here, strange to say, did well and did not spread.

The Y—— family lived in three tiny rooms, fairly light, with seven children. Of these three had measles, one had pneumonia, and one meningitis at the same time. The latter was sent to hospital, but the others remained at home, the parents, in the intervals of nursing, being engaged in selling white goods from a pushcart. The goods, which usually lay in the rooms at night, were kept downstairs while the children were ill, as the parents knew the Health Department would not allow them to be carried out of the room.

The K—— family were intelligent, and when two children came down with scarlet they sent them at once to the hospital. While the department fumigated, the family sat upon the stairs for want of other place to go. Here the nurse found them and discovered that another little boy had the scarlet rash full out and a temperature of 104. They

could not return to their rooms, so the ambulance was called and the patient carried off within half an hour.

MEASLES, 37 cases.	<ul style="list-style-type: none"> Complicated with pneumonia, 8. Complicated with glandular abscess, 1. Simple uncomplicated cases, 28.
DIPHTHERIA, 13 cases.	<ul style="list-style-type: none"> True cases but mild, 4. No antitoxin given. Not considered true case, 1. As this case developed a typical septic rheumatism it was believed by the doctor in charge to be a true case, although the specific bacillus was not found. Had antitoxin, 8. All recovered. <ul style="list-style-type: none"> No complications, 7. Glandular abscess, 1.
SCARLET, 56 cases.	<ul style="list-style-type: none"> Scarlet complicated with diphtheria, 5. <ul style="list-style-type: none"> Had antitoxin, 3. Not enough, or too late; all died. No antitoxin, 2. <ul style="list-style-type: none"> Died, 1. Recovered, 1. Simple scarlet with nephritis as sequel, 3. In these cases all symptoms were mild; nephritis came on in one to three weeks after fading of rash, and lasted from one to four weeks. Scarlet with severe exudate on tonsils and with nephritis also, 6. <ul style="list-style-type: none"> Of these five had further complications as shown. <ul style="list-style-type: none"> Inflammation of ear, 2. Swollen glands, 2. Pneumonia, 1. Scarlet with inflammation and suppuration of ears, 3. Scarlet with whooping-cough, 1. Scarlet with pneumonia, 1. Scarlet of mediocre character with violent recurrence two weeks after first attack; intense purpuric confluent rash, and throat greatly swollen but without exudate, no complications or sequelæ, 1. Recovery. Scarlet sent to hospital, 7. All did well. Simple scarlet with no complications, throats red and tender but no exudate, no sequelæ up to time of fumigation, 25. Violent scarlet with intense rash and severe symptoms,—swollen glands and badly swollen throats and tongues,—4. These cases all died in from one to seven days after the onset.



AN EPISODE IN A LABRADOR HOSPITAL

By MAUD A. BASSELL, R.N., M.D., S.F.

Indian Harbor Hospital, Labrador

It was a quaint little Old-World settlement nestling amid wild rocks, as if seeking shelter from the still wilder storms that raged outside. Even at the height of the season it boasted no large resident population and knew nothing of the busy cities that lay beyond. In this was its charm. There was no sound of tramping feet, no rumbling of heavy wheels, no hum of the toiling throng—nothing invaded the silence that reigned.

Out in the harbor a few schooners were anchored, lapped lazily by the rippling water, their brown or white sails unfurled in the sunshine, and around the shore were the picturesque fish-stages reflected in the cool, clear depths.

In full view of the harbor and on slightly elevated ground stood the hospital, one of the finest buildings to be seen on the shore. Glancing at it from the outside, one could not but admire, but, having once entered, the place became revered by the fact that here was daily fought the battle 'twixt life and death. Not that the place was dull and cheerless, nor that those inside wore very long faces, but the very routine of every-day life, the quiet method of each day's duties, told that life in this Palace of Pain was no empty dream.

About nine o'clock one bright September morning there sat in the out-patients' hall a solitary figure. It was an old man of fine build, fairly well dressed, and apparently hale and hearty. As he waited for the appearance of the doctor he glanced anxiously round, and now and again a footstep passing through the inner hall would cause him to look up sharply. At length the door opened, and with hasty step the doctor passed through into the dispensary with the usual query, "You want to see me?"

"Yes, sir, please," and the old man rose half-hesitatingly.

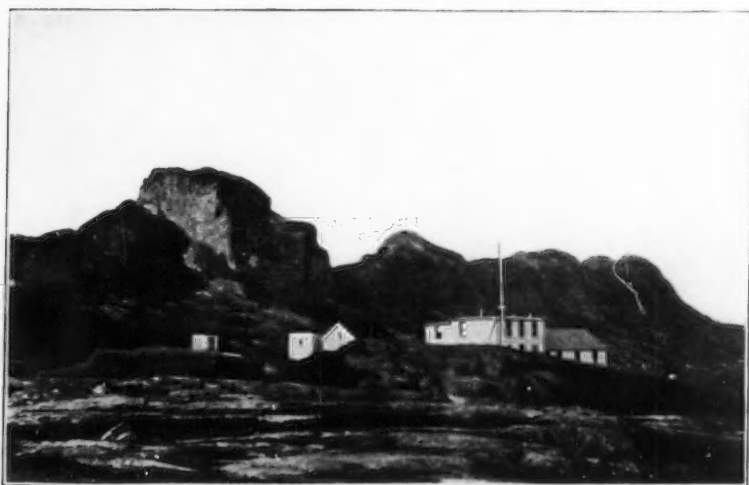
"Come in, then," was the reply, and with a slight limp, which evidently caused him pain, the patient walked into the adjoining room.

The door was closed, but only for a moment. The next the doctor emerged, and, summoning the sister, he informed her that a bed was required in the ward for examination.

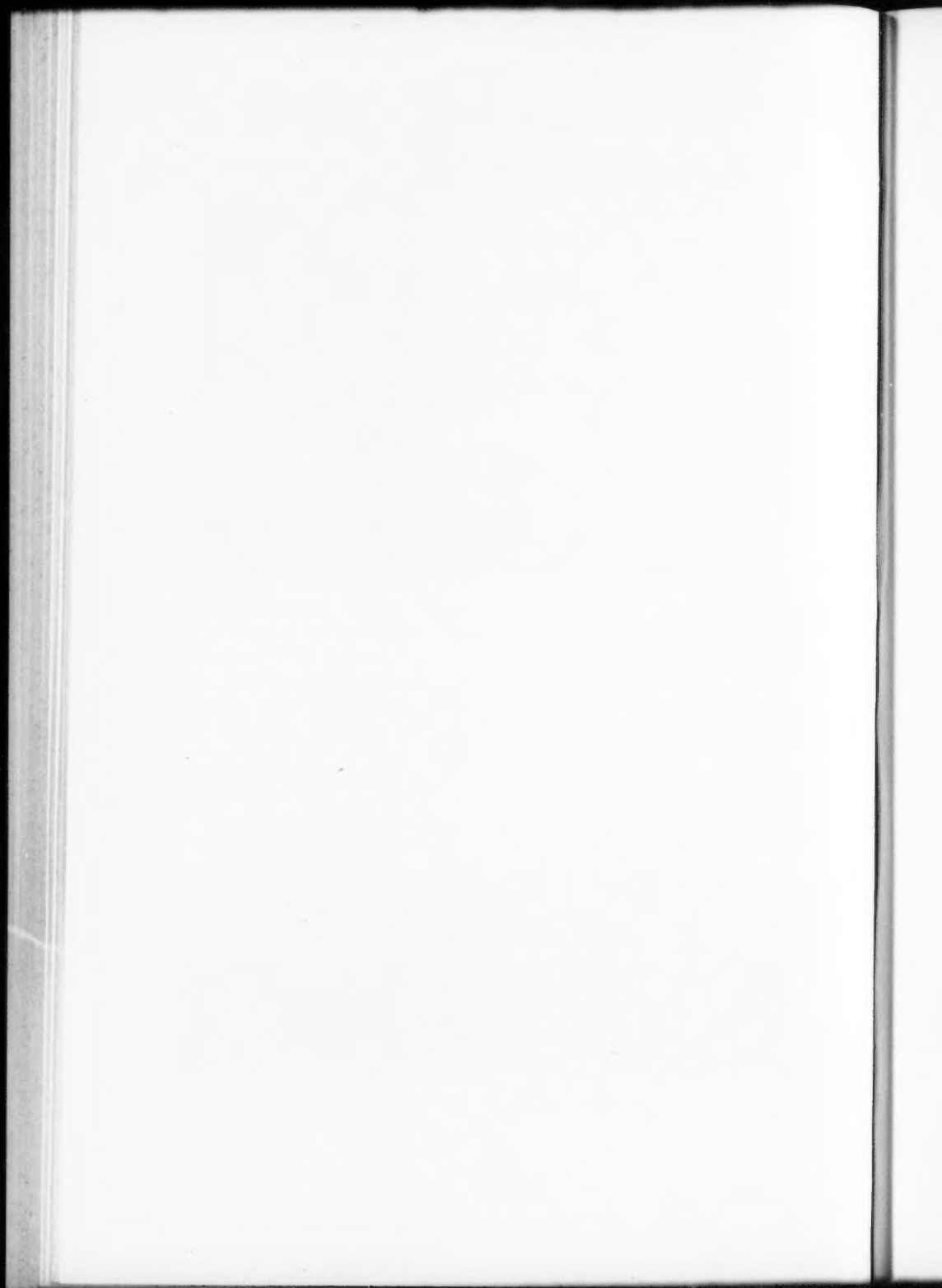
Up the stairs the old man came, slowly, somewhat nervously, his face occasionally twitching with pain. Along the short corridor and through the first door on the left he gradually made his way, and, finding himself in a cheery, cosy-looking ward, he looked relieved. On



A CHEERY COSEY-LOOKING WARD



INDIAN HARBOR HOSPITAL "NESTLING AMID WILD ROCKS"



either side were beds covered with scarlet blankets, on the delicate blue walls hung large colored pictures, and he saw too that men like himself were watching with kindly interest the new admission.

Meeting the sister half-way along, he hurried to explain with a friendly nod, "I'm very bad, ma'am, very bad 'n deed."

"I'm sorry to hear that, skipper," was the reply, and, motioning him to a chair, she continued, "Well, tell me what is the matter?"

"I's ter'ble scalded, ma'am, ter'ble scalded; I's nigh racked with the pain on't,"—and, waving his hand over the spot, he added,—“fact, ma'am, it's preeety well scoured, every inch o' my body; it have, ma'am, it have,” he reiterated.

"No, no, skipper, not quite so bad as that, is it, now?" said the sister, glancing up at the serious old weather-beaten countenance, and endeavoring at the same time to loosen the clothing as gently as possible.

"Well, no, ma'am, perhaps not—you knows best," and the old man sighed wearily.

A few moments more and the doctor stood at the bedside. The man watched closely and anxiously as the extent and degree of the scalded surface were ascertained, venturing now and again a remark as to the probable result of such an accident. An order was given for his admission and a thermometer placed in his mouth.

"Open your mouth, Tom, now,"—suited the action to the word,—“under your tongue. That's right; now close your lips.”

"Yes, ma'am, yes, certainly," was the reply, the thermometer in dangerous contact with his teeth.

"Don't talk with that in your mouth, please," said the sister somewhat severely.

"All right, ma'am, all right, I won't talk," and he lay still in good-natured obedience.

On its withdrawal he looked suspiciously at the fragile glass rod with the silver bulb, probably never having seen such a thing before and feeling none too sure what it was capable of.

"That's a cute little machine, ma'am. What's it fer?"

"To tell me how hot your body is," replied the sister, not a little amused at his genuine interest.

"My body, ma'am? Aye, that's hot right enough. I's been like a livin' furnace fer the last two days. I has, ma'am, really," and he rubbed his hand over his face with a circular movement, then nodded his head very impressively, as if to assure her of the truth of his statement.

"Yes, I dare say you have. Well, now, keep quite still and doctor

will be up to see you again. You'll feel so much more comfortable when you've been attended to."

"Bless yer, ma'am. I's tons more comfortable now than I were," and he blinked his eyes and smiled approvingly. "Do you think I'll get better now I'm in here?"

"I hope so, skipper, we shall do our best for you," came the reply from the other side of the ward, for sister was hurrying to prepare the dressings for the doctor's arrival.

Not a moment too soon, for even then the well-known footstep was heard ascending the stairs, and in a remarkably short space of time the case was well in hand. In many places the burn was very deep, having an irregular circumference of over four feet, and it needed not only skill but patient care to dress it as painlessly as possible. It was well he had reached the hospital. One dreaded to think what the results might have been had such a case been left to the mercy of unskilled hands amid the cramped, close, unkempt quarters of a fishing-schooner.

"That feels easier, now, doesn't it?" asked the doctor as the dressing was completed.

"Oh, my, yes, sir, indeed it do. I feels lovely."

"Now tell me all about it," and, taking a seat at the bedside, the usual queries were proceeded with.

"When did it happen?"

"Two days gone, sir."

"How was it done?"

"The gel, sir. The gel on our boat she hoisted the kittle on the edge o' the stove, the boat gave a lurch, and over she comes, steamin', o' top o' me. I were lying on a bunk at the side—a kind o' shelf, sir, see? The water were scaldin' 'ot, and I were asleep till the smarting woke me, and I sez to myself, sez I, 'Your time's come, mate—you's scalded to death right enough. Oh, it were orful, sir,' and the man shuddered at the remembrance of it.

"Why didn't you get someone to bring you to hospital at once? It would have saved you so much pain if you had," said the doctor kindly.

"Couldn't, sir. We was only a small crowd and couldn't spare a hand. I were 'oping, a'ter all, it weren't going to be much."

"In Ice Tickle you said your schooner was?" and the patient assenting, he was asked how he had come, no boat having entered the harbor that morning.

"Walked, sir, walked," was the very matter-of-fact reply. "It were a tough job, sir. I took a lot of spells, and I were most afeared I'd never do it."

It was true. This old man of sixty-three, so terribly scalded, had walked nearly four miles to see a doctor—and a four miles equal to double the distance on an even road, for there were no roads there, no made footpaths of any description. A journey by foot meant clambering over rugged rocks, toiling uphill and downhill, scarcely, if ever, enjoying an even foothold.

He was a curious old man, extremely patient, always good-tempered, and most obliging—that was, in making promises—he was not always so obliging in keeping them.

So awkwardly placed were his wounds that special bandages were made for him, tied in four places with tape, and it seemed his hobby to discover the mechanism of a bow, for repeatedly these were found untied shortly after dressing. At length, after he had played the trick several times, the sister considered it best to speak to him.

"Now, Tom," she commenced very seriously after tying the usual bow, "this must not happen again. You must leave the bandage alone when doctor has tied it."

"Yes, ma'am, yes, I will—I mean sister," he added by way of apology.

"But you've promised that before, and yet I've found the bow untied. You know you're hindering it from healing by getting the dressing rucked up."

"Yes, sister, yes, I am; perhaps you're right. We'll have a new state of affairs, and I'll steer clear o' bows." While looking up with a most decided nod he continued, "I won't do it agen, ma'am. I'll turn over a new leaf."

Surely after such promises all would be well. But woe betide the too sanguine sister! Scarcely had she left the ward when she was summoned by a groan from the skipper.

"Are you in pain, Tom?" she asked, turning back the bedclothes to examine the spot.

"Yes, sister, racks o' pain."

But by this time the bandaged area was uncovered and the tapes hung loosely in opposite directions.

"Why, the bandage is untied again! Tom, what is your promise worth?"

"Eh, ma'am?" he queried, half shading his eyes. But the question had been heard and his reply was waited for.

"I'm sorry, ma'am," he murmured at last.

"Sorry!" echoed the sister; "but why do you disobey me like this?"

"I don't, ma'am, I don't," he half whimpered.

"But you do constantly, Tom, and it won't do, you know."

"No, ma'am, it won't do; you're right, ma'am, it won't never do," and he nodded in full agreement.

"Well, do you understand that that bandage is not to be touched?"

"Yes, ma'am, I understand; I won't touch it."

"Will you obey me or not, Tom?" The question was slowly and emphatically asked.

"Certainly, ma'am, certainly I will."

"Do you mean that now? Can I trust you?"

"Yes, ma'am, you can trust me; of course I won't do it if I say I won't."

How could one doubt such sincerity of tone?

"That's right. Then you promise me you won't touch that bandage again? This is the last time I shall try you."

"No, ma'am, of course not, ma'am; I won't aggravate you any more; I won't go near the bandage," and he lay back, evidently intending to keep his promise. But either his memory failed or his will power deserted him, or his hands refused to obey his wishes, but certain it was that his fingers shortly after were again entangled in tape. He was proficient in promises, an expert in knots, like most fishermen, and, to be generous, we will only add that but for failure of memory he would have made a model patient.

Weeks passed away, and skipper Tom was standing in the hall for the last time.

"Well, sister, good-by, and good luck to yer. I'll never forgit this place, it's a darlin' place," and a tear stole into his eye as he reached out his hand.

"Good-by, Tom. Be careful not to get cold going home."

"I will, ma'am, I will," and the man of a thousand promises walked out with a firm step and a glad heart, for he was going home.

It was an Old-World settlement and an Old-World coast with many Old-World ideas, but many a fisherman relates how his life was saved by the timely help from that little hospital nestling among the rocks of Labrador.



POINTS ABOUT THE PRIVATE NURSE

BY ANNA A. DAVIDSON

Graduate Presbyterian Hospital, New York City

FIRST PAPER—THE LITTLE THINGS OF NURSING

How much do the little things count for? Is not life made up of little things? Frequently they count for more than the great things of life, and in nursing they should not be lost sight of, for if the nurse ignores them, the patient does not, and we are frequently being criticised when we least suspect it.

I have heard many criticisms from patients on nurses, principally on little things, and I am going to enumerate them for the benefit of the private nurse, although it may not harm the institutional nurse to stop and consider also.

"What do you want to eat now? will you have it hot or cold?" and then she leaves the kitchen door open (the patient was in a small apartment). "I hear her take the pitcher out of the ice-box, take out the saucepan, light the gas-stove, and by the time the food comes to me I have cooked and eaten it in imagination and hate the sight of it," complained one nervous woman who took nourishment badly, and tried three nurses before she found one who brought her food to her without discussing it first.

"She never helps me to sit up or supports me while I am up. When I ask her to help me, she takes hold of my hands and pulls me," said a weak woman with a pain in her side.

Leaving the bathroom door open while the water is running or a poultice being made, not thinking to oil a squeaking door or straighten a crooked picture, wearing rustling gowns or noisy shoes, dusting carelessly, not brushing up the room, leaving fancy-work or books lying about, sudden jerking movements, flapping shades, and rocking are a few of the little things that make a sick person miserable, and yet many of the best nurses do or neglect to do these things. Now, don't say "impossible," because it is a fact that I have several times heard nurses criticised for putting the thermometer back in the case without washing it. The only consolation I can find in this atrocious oversight is that I have known doctors to be condemned for the same thing, and, of course, "The king can do no wrong."

With many nurses the trouble is that they have never been ill themselves, and so don't appreciate the annoyance of these things. Some time when you are sick just watch for the little things; I am

sure you will then give them more attention. Anticipation is one of the greatest virtues of a nurse,—to prevent the patient asking for things, to stop reading before they say they are tired, to know when the open window is too cool, to think of the extra blanket in the chill of early morning, turning a heated pillow before they know what it is that troubles them,—these show the intuitive nurse.

Sympathy cannot be placed among the little things, it is one of the great things, almost, we might say, the key-stone of private nursing, and yet, alas! how many nurses lack this essential. We hear complaint of its lack on all sides, and the sad part of it is that it is too true to deny it.

Personally I would never employ a nurse who said she did not like her work, as so many do even to their patients' families. No doubt she would watch my pulse carefully enough, but sympathy needs to go hand in hand with medical science.

Nurses are too prone to let their work degenerate into a mere money-making employment. This it should never be. It requires too much of personal feeling, tact, sympathy, and self-sacrifice. The nurse's whole heart needs to be in it to make her a success, and she who wants only the money had better take up typewriting, for she is a useless commodity, a stumbling-block in the road of the true nurse, and a constant annoyance to the sick, although the doctor keeps her busy because she makes a good appearance and is scientifically correct.

(To be continued.)

STANDARDS OF LIVING *

BY MARGARET DAVIDSON

Instructress in Domestic Science, Toronto Technical School

If we accept the conclusion of the thoughtful students of human evolution and assume that what is represented by the term "home" is the germ of Anglo-Saxon civilization, the unit of social progress; that no community rises above the average of its individual homes in intelligence, courage, honesty, industry, thrift, patriotism, or any other individual or civic virtue; that the home is the nursery of the citizen; that nothing which church, school, or State can do will quite make up for the lack in the home,—then we must acknowledge that no subject can be of greater importance than a discussion of the standards involved

* Read at the May meeting of the Alumnae Association of the Toronto General Hospital.

in home-life, and therefore no apology is needed from me for my subject, but only for my attempting to present it to you.

Man, as an uplifting, compelling force in the world, does not "live by bread alone," but in all ages has won his place by the ideals he has put far ahead and above him, and for which he has valiantly striven. "A man's reach should exceed his grasp, or what's a heaven for?" The man without a conscious aim slowly but surely degenerates. Habits of life have been allowed to lapse into those of savagery, where the present only guides action. Human life is so short, and human endeavor so weak, that the incentive to provide for his own personal future would not be sufficient to urge to the full capacity any man's power. To gain a home for wife and children, to secure an education for son or daughter, for the family he will strive, and thus gain the reward that comes with striving; for it is not the possession of a given thing which yields the most satisfaction, it is the contest which precedes possession. Our premises are, then, that the individual family group must be maintained,—that is, that the ideal must be preserved, not the mere shell,—and that in a manner consistent with modern progress.

If this Anglo-Saxon ideal of home life is to be maintained, the housekeeper must take the conscious direction of it, and so order it as to secure not only the most economical but the most efficient results—not in lavish display, not in a large bank account, but in the best developed men and women, the product of that home. Standards of living should be measured, not by money spent, not by servile imitation of others, but by that which will produce the best results in health of body and health of mind.

The economic changes which took all interesting occupations out of the home came too rapidly for a readjustment of habits; women were freed too suddenly, and have not yet recovered a proper balance. A higher plane of civilization has been reached, and women must take the step up. It is like the child of the Kindergarten, who carries home with such delight the work of its hands, and the student of the upper grades. The Kindergarten stage is left behind, and childish things must be put away. To-day the daily routine of the home life is largely the clearing away of debris, the incessant warfare with dirt, with no constructive work. There is nothing tangible to show for the day's work—only healthy, happy lives! Women must go into the advanced class, put aside the merely childish way of looking at things, and see the end to be attained—a sufficient incentive.

Woman's greatest disqualification for the position of housekeeper is her lack of knowledge of and respect for science and the laws of nature. Give her an education in the laws which govern the processes

of daily life—in chemistry, in physics, in biology, in physiology and bacteriology. Let her once acquire this knowledge, let her once gain perfect control of her machinery, feel it yield under her hand, know her power, and we shall hear no more of domestic difficulties so great as to cause hundreds of housewives to retreat into hotels and apartment houses. For she will then know how to infuse into the work of the house that interest and enthusiasm which it has lost.

That the household is held by popular opinion to be a place of menial service and petty, degrading duties, and not the centre of high and lofty ideals of health and happiness, is proved by the scant courtesy which domestic science, or home economics (call it what you will), as a branch of girls' education receives. That the household is not run on scientific principles is acknowledged by the neglect of it in the study of economics.

The twentieth-century household demands of its manager:

First.—A scientific understanding of the sanitary requirements of a human habitation. That includes, or presupposes, a knowledge of soils, drainage, plumbing, heating, and ventilation. Sanitary rules say that the soil should be clean, dry, and porous; that light and air must have access freely; that water should be supplied and quickly removed when used. How many think of these things, or, if they do, weigh them in the balance with fashion as to street or the style of the porch? Much of the expense complained of in modern plumbing is caused by neglect of the most obvious precautions.

Second.—A system of account-keeping that shall make possible a close watch upon expenses.

Since the object of all endeavor to get wealth is to use it, and the use of the most of it is in connection with home life, it is evident that the household and its management is the most important factor in national prosperity. There must be a thoughtful division of the income. Rent, food, clothes,—running expenses,—must each receive a share. The unexpected forms a large part of life. No good manager is without a fund to draw upon for emergencies. Debt usually comes because the fund has not been reserved. Moreover, for an ideal, any sacrifice is a pleasure. For an ideal, men will strive and win success when otherwise they would sink into inaction. In the division of the income, then, a place must be given to ideals. One great advantage of this recognition is the incentive to thoughtful foresight which it engenders. The woman will not haunt the bargain counter if she has a fixed determination to lay aside a portion of the income for the satisfaction of the needs of the higher nature.

Third.—An ability to secure from others the best they have to give, and to maintain a high standard of honest work.

This includes a comprehension of the inexorable laws of power and energy. There is too often the vain endeavor to make one pair of hands do the work of two; too often the element of slavery in the work of the house; too often a disregard for the mechanical efficiency of the human machine. One can hardly blame young women for going into factories, shops, and offices, where their work is measured by law and not by caprice.

Fourth.—A knowledge of the science of nutrition.

This includes the composition and classification of food, the function performed by each class in the body, the physiological effects of all, and the preparation by wholesome cookery.

To recapitulate, the modern housekeeper, if she is to fulfil her duties to the community in which she lives and to the State whose laws protect her, must know how to choose her home, and, having chosen it, must so order it that the satisfaction of the human wants as well as the animal needs shall be as complete as possible.

In a short paper like this it would be impossible to dwell at greater length on each of these points; my object has simply been to suggest something of the ideal which I have set before me and am aiming at reaching in the training of housekeepers. But on the subject of nutrition, which is perhaps common ground for the nurse and housekeeper, I would like to dwell a little longer.

If the proper study of mankind is man, then the study of that which makes him a capable, efficient member of society, and not a wretched dyspeptic or a shell of walking contagion, is worthy a place in any curriculum.

It is just as wrong to ignore food or to hold it of little value as to consider it too much. The health of the human body means sufficient food if the individual is to do his or her work in the world. The well-nourished child is a happy, strong little animal, making brain and muscle and nerve for future use. The well-nourished adult is a hearty, efficient member of society, contributing his share to the common stock of public good, as well as enjoying his own work and pleasure.

Ten years ago or more Elias Metchnikoff, the eminent Russian pathologist, undertook an exhaustive study of inflammations. Whether they occurred from wound or from disease, he noted the presence in large numbers of the white corpuscles which float about in the blood and lymph. To these he gave the name of "phagocytes," the devouring cell. Against the invading hosts of disease the phagocytes go out to battle—to conquer or die. Now, the condition of this army of phago-

cytes, like that of any other, depends on its commissariat. If the food supply is just right, the soldiers are vigorous; if it is wrong in any particular, they are weakened. The protecting army may be incapacitated in any one of three ways:

First, by over-nutrition. By indulgence in food the body tissues are weakened by the strain of excess. I put this first because it is the belief of most students of economics and sociology that it is the overfed among the nine-tenths not submerged who are being eliminated by the various diseases of modern life—apoplexy, heart disease, Bright's disease, etc.

Second, by under-nutrition. The day has long since passed when fasting can be regarded as favoring either clearness of intellect, muscular strength, or endurance. And it is asserted that the physical and mental decay of whole nations can be traced to a long course of insufficient food.

Third, by improperly balanced ingredients of diet. A person who eats a large bulk of food of one class to the exclusion of other classes may delude himself by thinking that he is taking nourishment enough on account of the degree of satiety which he derives from his diet, but in reality he is merely pleasing his palate. It may be true that the sense of taste is as much worth cultivating as that of sight or hearing, but if one resolves to go in for luxury, it is well to do so knowingly, and not imagine that one is nourishing the body when one is merely pleasing the taste. The evil results of such diet are apparent in constipation, anæmia, etc., but, perhaps, more apparent in the feeding of infants and young children. The commonest fault in feeding young children consists in giving them too much starchy food, which they cannot as yet digest, and the innumerable prepared infant foods, consisting largely of starches and sugars, are responsible for much trouble. Gilman Thompson says: "It is a significant fact that the country which furnishes most of the literature of scorbutus in children is the same which is posted from end to end with advertisements of proprietary foods." And scurvy is only one of the diseases resulting from a poorly balanced diet. Marasmus, rickets, and eczema are also of common occurrence. Food habits should be formed by young children under careful guidance. Until that is so, the child will grow up with whims and fancies which will prevent the best physical development. Hence the absolute necessity for every housemother to know something of the science of nutrition.

The important relation of food to disease in regard to its quantity and composition, as well as the frequency and method of its administration, are becoming more and more thoroughly appreciated. This

is owing, on the one hand, to improved methods of diagnosis and to modern means of clinically discriminating between different kinds of gastric and intestinal indigestion, and, on the other hand, to an increasing knowledge of the chemistry of food, of food preparation by cooking, and of artificial digestion. There is still much difference of opinion in regard to the best dietaries for certain diseases,—such as, for example, gout and obesity,—but the general principles of dietetics are to-day well established, and more widely understood and practised than ever before.

It may be asserted, Gilman Thompson says, that there is almost no disease of long duration and severity, and certainly no disease accompanied by grave constitutional disturbances, the course of which cannot in a measure be controlled or benefited by thorough study of the nature and uses of foods.

Such diseases as tuberculosis and diabetes, for example, are more successfully combated from the dietetic standpoint than from the medicinal. The aim of treatment in the first is to render "the soil" for the tubercle bacillus more resistant. It is, unfortunately, not yet positively known what substances are destructive of the life of the tubercle bacillus, but there is some reason to believe that fat is antagonistic to its life. It is suggested that the fat absorbs the oxygen required for the active multiplication of the micro-organisms. What is well-known, however, is that if wasting can be checked and the weight of the patient increased, the disease is held at bay, if not cured.

Carbohydrates, which ordinarily furnish a large proportion of the energy of the body, in tuberculosis appear to do so less readily than the fats and proteids. Young girls particularly, as a rule, crave sweets and confectionery and despise the more wholesome animal food. If any gastric catarrh exist, such a diet only acts as an irritant. How important, then, to know the value of fat in the diet of such a patient, and to be able to administer it in tactful, palatable ways.

Again, in a state of health the starchy and saccharine substances which form important constituents of our daily food undergo complete conversion in the system, and then are wholly appropriated and utilized in the body in the production of force. None, or practically none, passes out of the healthy body as sugar. In the disease known as diabetes it is otherwise. The liver, which exercises a sugar-detaining and sugar-assimilating function, has lost its power. A more or less notable quantity of sugar is excreted, and from observation the amount which escapes from the body unconsumed is usually proportioned to the amount of starchy and saccharine substances taken in the food. This universally admitted fact is the basis of all the dietetic rules which have

been applied to the treatment of this disease—that is, the elimination, as far as is consistent with the due nutrition of the body, of all those articles of food that can be converted in the organism into sugar and the substitution of albuminous foods and fats. The absolute necessity for a knowledge of the composition of food materials is surely plainly demonstrated.

Sir Henry Thompson, the eminent English dietist, says: "It is certain that an adequate practical recognition of the value of proper food to the individual in maintaining a high standard of health, in prolonging healthy life (the prolongation of unhealthy life being small gain either to the individual or to the community), and thus largely promoting cheerful temper, prevalent good nature, and improved moral tone, would achieve almost a revolution in the habits of a large part of the community."

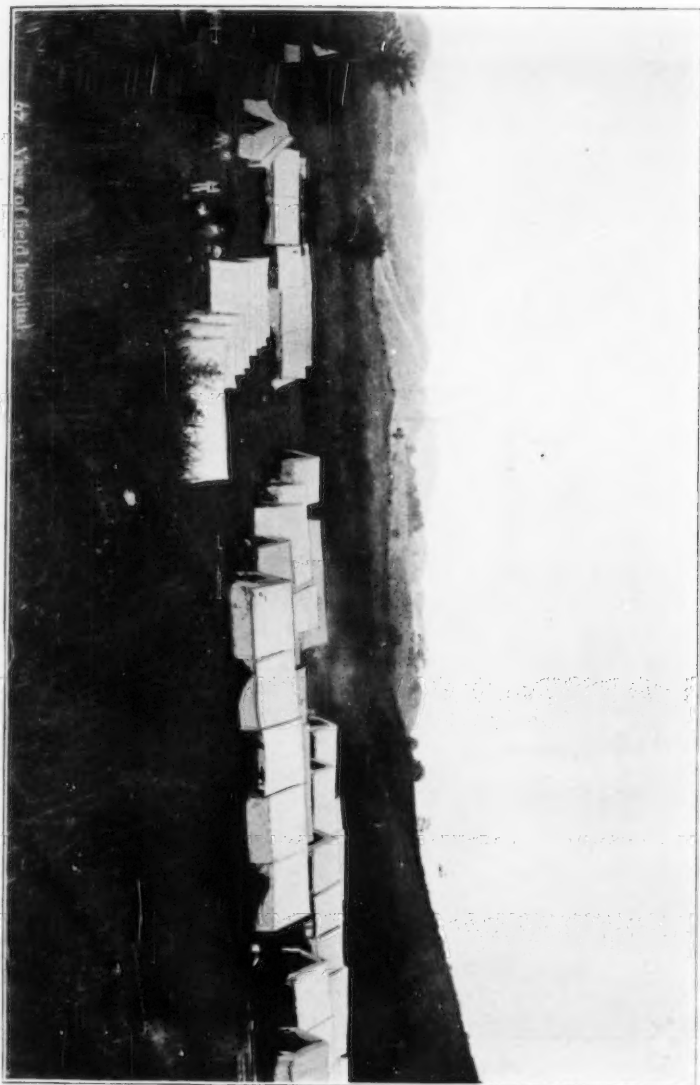
EXPERIENCES IN ARMY NURSING

By J. D. M.

PREVIOUS to the outbreak of the Spanish-American War the United States Government had maintained a strict neutrality with the island of Cuba (although United States *citizens* for seventy-five years had taken a keen interest in her affairs) until events that preceded and followed the destruction of the battle-ship *Maine* in April, 1898, in Havana harbor led to armed intervention. Then it was that enthusiasm ran high all over our country to avenge an act that looked as though it had been premeditated, and thousands of American citizens answered the call to arms, volunteering to don the uniform and fight for the flag.

Of course, among such large bodies of men sickness prevailed, and many were wounded by the enemy's bullets. At this time many nurses from recognized and well-established hospital training-schools caught the fever of enthusiasm and "shouldered the musket," as one physician put it when I told him I was going to the front to help care for the sick soldiers in Uncle Sam's army. But how different was the stern reality from my day-dreams of a nurse's life on the battle-field!

My first call to duty in the United States army, after my application had gone in to Washington, D. C., was to Fort Thomas, Ky., on August 13, 1898, where I remained until September 21 of the same year. All of my nursing there was amongst typhoid-fever cases, mostly all of whom were brought up from the camps farther south, where typhoid had become epidemic. Just as we got things in good running



View of field hospital

FIELD HOSPITAL AT COAMO, PORTO RICO, SEPTEMBER, 1898

A great number of the tents had been taken down when this view was taken



MY WARD IN SAN JUAN, PORTO RICO, 1898

Medical officer in charge of ward (who was a Spaniard) is standing near one of my assistant nurses

order a call came from Washington, D. C., requesting that a number of nurses be sent to Cuba and Porto Rico.

I wish to add that before sailing for Porto Rico, during our stay at Fort Thomas, a diet-kitchen was established under the supervision of one of our nurses. She did excellent work and certainly deserves commendation. Of the twenty-six or thirty nurses at the Fort Thomas post there were twelve who volunteered to go to Porto Rico. We sailed from New York harbor (where we were joined by many nurses from other army hospitals, making in all a total of about fifty nurses) on September 24 and reached Ponce the latter part of the month, it taking about five days to reach there. There the nurses were divided into parties, each party detailed to proceed to a field hospital, some, of course, remaining at the base hospital, which had already been established in Ponce. A call for nurses to go to the field hospital at Coamo was answered by fourteen of our number, and we were driven in ambulances drawn by army mules (horseless carriages, as they are called in military circles) across the island to the hospital, which we found to be long rows of white canvas tents pitched on the brow of a small mountain. Here let me say a few words as to the location of a field hospital, selection of site, etc.

As soon as the chief surgeon of a division learns the position of the line of battle he indicates to the surgeon in charge of the regiment personally or by messenger his views as to the location of a field hospital. The particular locality in the neighborhood is selected by the surgeon in charge, with due consideration to questions of water, fuel, dryness of site, facility of communication with main roads, and availability of neighboring buildings as hospital accessories.

The hospital should not be too near the front, as nothing is so depressing to the wounded, already more or less prostrated by their injuries, than exposure to fire while under the hospital flag. A distance of from one and a half to two miles will give fair security. The location at Coamo was fairly good and was about two miles from the town of Coamo. In those tents were the sick men from the Third Wisconsin and Sixteenth Pennsylvania Regiments and a Kentucky regiment.

Our quarters were in Coamo, and we were driven in an ambulance to and from our duties. Our first day on duty each nurse dressed in her school uniform (the army uniform had not then been adopted) and was assigned to a tent by the medical officer in command. It was all so new and unlike any previous nursing that if any nurse's heart sank within her at the first appearance of those tents on the *inside* she did not give any outward evidence of it, and I am sure each one remembered that her first duty was the care and comfort of the sick men lying so helpless in those rows of cots far away from home and dear

ones. The diseases we had to contend with there were typhoid fever, dysentery, and diarrhoea. Then it was we had to improvise ways and means of caring for our patients as regards temperature, bathing, cleansing baths, dieting, etc. The water used for bathing purposes and, indeed, for drinking and cooking, was hauled in large barrels from a spring over a mile away. Some of our convalescents used to walk over to the spring and fill their canteens—they said the water kept cooler in the canteen. It was not easy work, and many difficulties arose which by constant tact and perseverance in the line of duty we were able to overcome to a certain extent. There we also established a diet-kitchen, or tent, rather, taken charge of by a competent dietist. She only had a kerosene stove, but many little dainties were cooked there for the sick men. This was my first and only experience in taking care of the sick in a field hospital, but I must say I thoroughly enjoyed it. As our patients convalesced they were sent back to the United States or to some of the base hospitals on the island, and finally “we folded our tents like the Arab and silently stole away.” We were then ordered to report at the base hospital at San Juan.

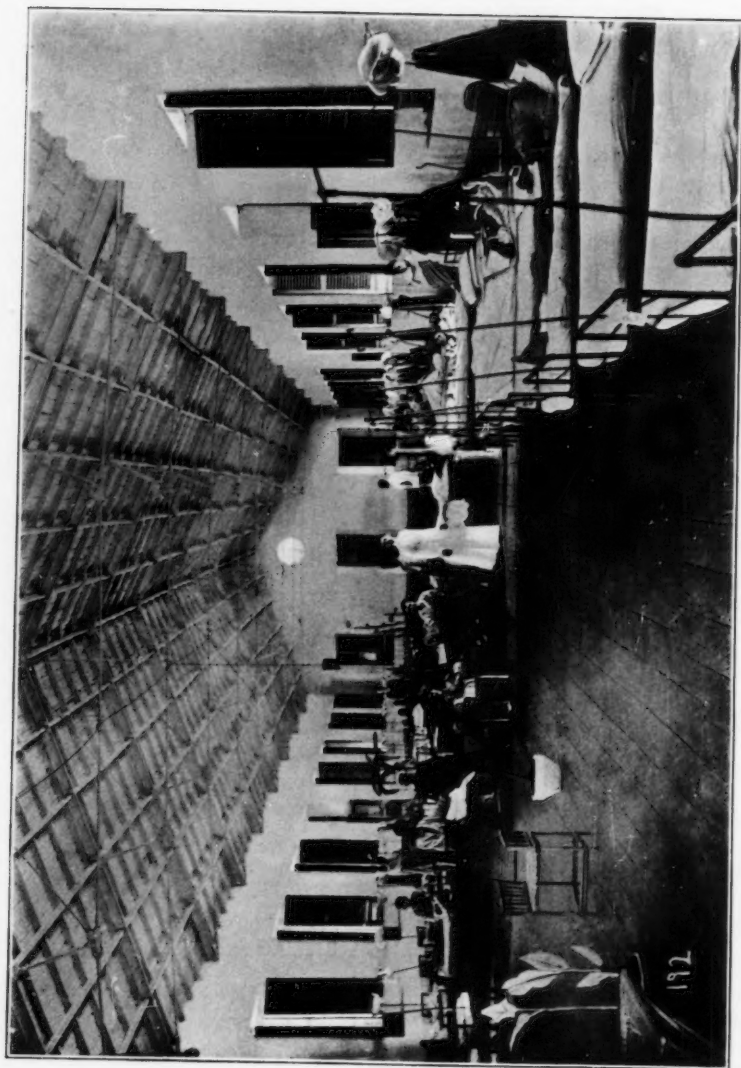
We again seated ourselves in our “horseless carriages” and were driven directly across the island along the military road, which is certainly a magnificent drive, and once in a while we would tell the driver to stop while we got down and plucked the ripe oranges that were hanging so temptingly by the wayside. At San Juan we found a nicely equipped hospital under the supervision of a very efficient commanding officer. Nursing the sick was now much easier, as we had more appliances to work with. There was little or no active fighting on the island of Porto Rico, therefore we did not get much experience in gunshot wound cases, although considerable operating was done at San Juan.

Here I may say a word about remuneration of nurses in the United States army. The salary at first was thirty dollars per month, out of which we paid our own laundry bills, but we were all so enthusiastic at that time that I believe many would have been willing to care for the sick without any remuneration. At the same time, most of us had our own livelihood to earn, and in March, 1899, our salary was raised by act of Congress to fifty dollars per month in foreign and forty dollars per month in United States service, which is the salary paid at the present time. Superintendents and chief nurses are paid more.

In October, 1899, a party of eight nurses, including myself, were ordered to the Philippines. After four weeks on the broad Pacific we landed in Manila harbor the latter part of November. I was detailed on duty at the First Reserve Hospital in Manila. The Spaniards had formerly used this building as a hospital, but the sanitary condition was



VIEW ON THE MILITARY ROAD ACROSS THE ISLAND OF PORTO RICO, OCTOBER, 1898



MY WARD AT FIRST RESERVE, MANILA, P. I., 1899-1900

very poor when first utilized by Americans. At that time there were many skirmishes and battles being fought throughout the islands and around Manila, and there was now no lack of surgical nursing. I considered myself very fortunate when I was assigned to duty in the surgical ward. There were sixty-six beds. The natives, enemies and amigos (friends), were also taken care of there. In the illustration given the patient in wheel chair to the left is a "Maccabebe" scout, and on the same side farther back in bed lies a Tagalog. I recall these two cases particularly. Maccabebe scouts are friends of the Americans and used by them as scouts on account of their fidelity and their thorough knowledge of the islands. The Tagalogs are bitter enemies, will say "amigo" ("friend") to your face and stab you in the back with a dagger. Both of these I refer to were gunshot-wound cases, one of the foot, the other of the thigh. In every province of the Philippines they have a different dialect, and these two patients could not understand each other. For pastime the American convalescent would teach each of them a little English (which, by the way, was not always complimentary one to the other) and was highly pleased when they would scold one another from cot to cot. The convalescent would wheel his chair quietly away, as if he were entirely innocent, when the nurse appeared on the scene to see what the row was about. It certainly was very amusing. We noticed while we were in this room two "hombres," or natives, who lifted a stretcher on which was an American soldier, a sergeant of the Twenty-eighth United States Volunteers, wounded shortly after his arrival in the Philippine Islands by a Krag bullet which fractured the femur, also having another wound below the knee. He was being taken to the operating-room to have his wounds dressed. In this ward were sixty-six beds, which were pretty nearly always filled. The operating- and dressing-rooms are through the door to the left of the ward. The mosquito-nets, which are rolled back, were an absolute necessity, as at night the mosquitoes were extremely annoying (beside being carriers of disease), and if the least little corner of net were left open the patient looked as though he might have developed measles during the night. During all my stay in Manila I was on duty in the surgical ward. At that time we had natives to do all the rough work, as sweeping, scrubbing floors, or going over them with kerosene on account of the ants, which are a perfect pest there—the "ant-hill," as I heard a medical officer laughingly remark about our new possessions in the far-off Orient.

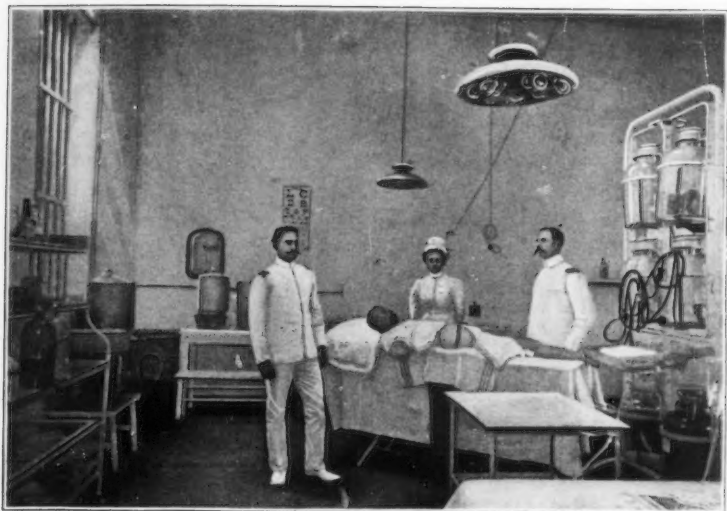
I could go into many little details, but do not wish to monopolize too much of your valuable space. After being in Manila many months I sent in a request to the chief surgeon to be assigned to duty at the Calamba hospital, as I was desirous of seeing what outpost duty was

like. Calamba is a little town about one-half a day's journey from Manila up the Pasig River. There were twelve nurses there and about one hundred beds. Everything was certainly as up-to-date as American ingenuity could devise, while enamelled beds and glass-top tables made one almost think one was in a well-equipped hospital in the United States. Malaria was very prevalent in that section of country, also dysentery and diarrhoea, and last, but not least, added to their other afflictions a large percentage of the patients were afflicted with "Dhobie's itch," a disease peculiar to the tropics. We were under fire from the enemy twice whilst I was there, which, of course, was very exciting, as it was our first experience along those lines. I think I may say we behaved very well. In December, 1901, I applied for transport duty, as I felt that for the benefit of my own health I needed a change of climate. Two other nurses and myself set sail from Manila on the army transport Sheridan January 10, 1902, reaching Nagasaki, Japan, about January 18, where we remained for three days and spent a very enjoyable time. What interested me most in Nagasaki were the "jinrickshaws," which are or were then the only means of conveyance. The trip across the beautiful blue waters of the broad Pacific was certainly enjoyed by everyone on board, and most of the patients were convalescent when we reached San Francisco harbor and "home." A military band met the big troopship as she anchored and played "Auld Lang Syne" and "Home, Sweet Home," and amongst the home-comers and the crowds on shore there was many a moist eye. I then reported to the Presidio United States General Hospital, where I remained until December, 1902.

By act of Congress, approved February 2, 1901, the Army Nurse Corps was established, and trained nurses are now a part of the United States Army. Oath on March 6, 1901.

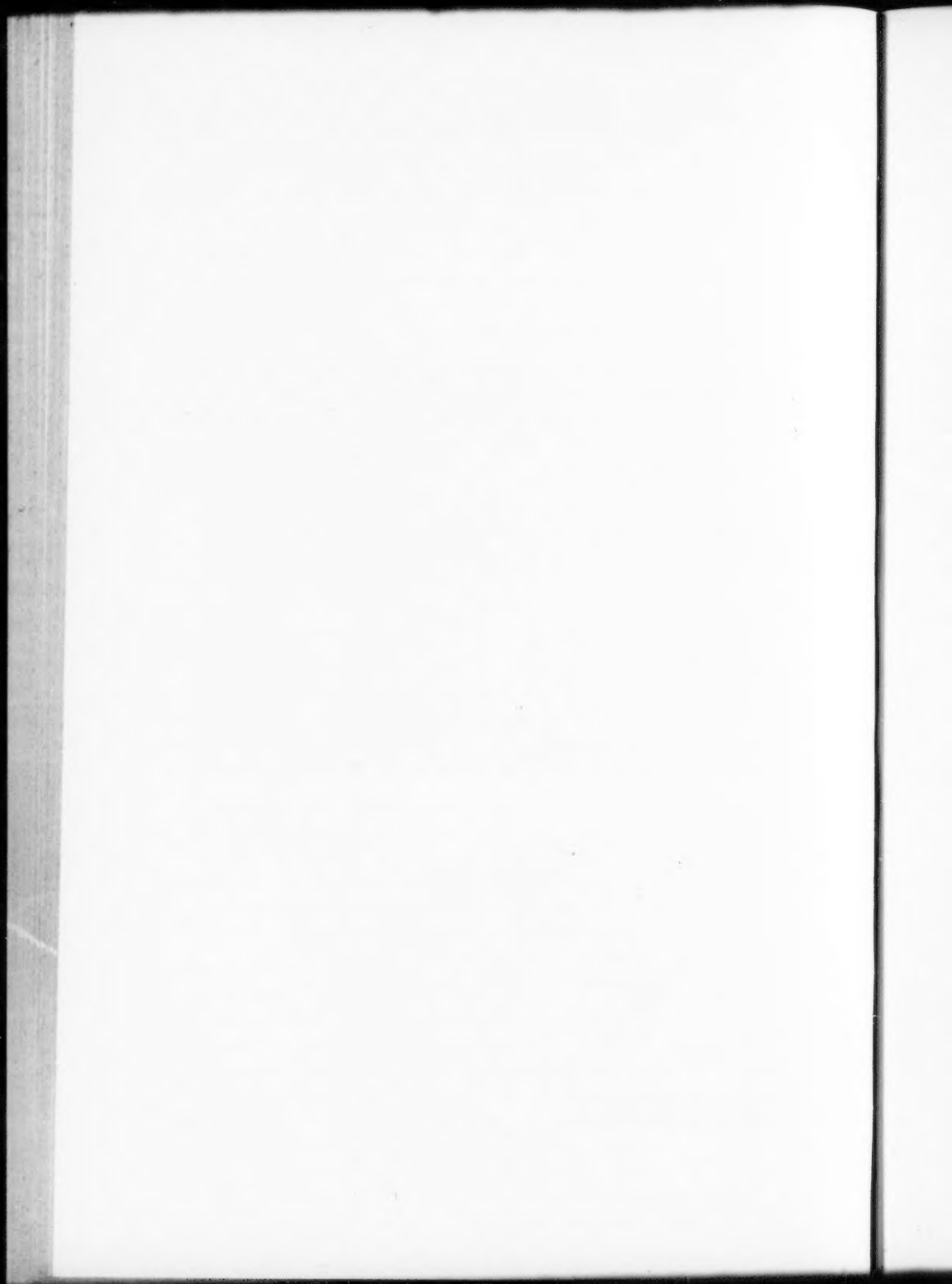
In December, 1902, I severed my connection with the United States army. I am glad I was privileged to go to those tropical countries to do what I could for suffering humanity, and should our country be again involved in war, what a lesson this past experience would be to any nurse who wished again to go to the front!





OPERATING-ROOM AT FIRST RESERVE HOSPITAL, MANILA, P. I., 1899, 1900, 1901

The officer standing at patient's left, near irrigating apparatus, was the major-surgeon who performed nearly all First Reserve operations at that time, and who had charge of all the surgical wards. The patient is an officer who had leg amputated.



HYGIENE OF THE HOUSEHOLD

By EVELEEN HARRISON

Graduate Post-Graduate Hospital, New York

(Continued from page 771)

ONE of our clever writers is credited with the statement that "people will never be satisfied with the weather until each man makes his own weather and keeps it to himself." Perhaps that remark might be qualified in reference to the intense heat of our summer days, for surely there are few people who do not agree that it is hard to bear even under the most favorable circumstances, when, in the best of health, one is enabled to escape the stifling heat of the city by trips into the country, refreshing plunges into sea or river, sails over the breezy surface of the water, or drives through country lanes overshadowed by swaying branches. But suppose you take the place of the invalid chained to a bed of suffering, bound to look on the same surroundings day in and day out, tired—oh, so tired!—of bearing pain, the heat permeating every part of the suffering body, sheets and pillows hot and moist with perspiration, turning from side to side to search out a cool spot, craving a breath of country air and a glimpse of green fields, occasionally dropping into an uneasy dose, only to be awakened by the footsteps of a curious fly engaged in measuring the length of your nose, and bringing you back to the realization of what it means to be sick in the city during the intense heat of summer.

Let us look up all the points of comfort that we can think of for the benefit of our poor, suffering brothers and sisters.

In my opinion bathing—and lots of it—comes first. What can equal the morning bath, fresh nightgown and sheets, after a hot, restless night. For two or three hours the patient will feel cool and comfortable; then the heat of the day comes on and a return of the restlessness. A few moments' rubbing of the back, arms, and legs with alcohol, in long, quiet strokes, a plentiful supply of powder, and the hot, moist drawsheet and pillow-case replaced by fresh ones, and, further, should the day be unusually warm, a change of nightgown, will give the touch of freshness necessary to the enjoyment of the midday dinner.

About five o'clock comes another restless period. The day has seemed long, the heat is great, and the patient exhausted. A bath all over with warm water, with a little lavender-water or toilet ammonia, will be received gratefully, the long, gentle strokes of sponge and towel being soothing to tired nerves.

Again, just before the lights are lowered for the night, the ever-ready alcohol will rest the tired back and legs, and the drawsheets, pillow-case, and nightgown that have been airing since noon will make the bed over in a most refreshing manner.

It is a great relief, during the very hot days, not to have the bed-clothes rest on the patient, even when they are reduced to a single sheet. To avoid this, carry them over the foot of the bed instead of tucking in under the mattress.

We may add to the comfort of the head by either braiding the hair in two braids well to each side, or fastening it high up on top of the head, so that the neck and lower part of the head be left uncovered.

A curtain might hang at the door, which could then remain open all the time; and if the transept over the door—when there is one—is removed and the window opened wide, top and bottom, the room will be as fresh as you can make it.

A word of warning, however; with doors and windows wide open and little or no bedcoverings on the patient, during these hot days a breeze may spring up at any moment, when the nurse is not on guard, and how mortifying to have the patient "take cold," to say nothing of the danger? So I should advise that even in the hottest weather a light summer blanket be near enough for the patient to reach in case of emergency.

Move the bed out a good distance from the wall, even into the middle of the room, if necessary, to secure all the air that is to be found.

Another scheme that has proved restful is to have two beds in the room side by side, so that the patient may be moved from one to the other morning and evening, allowing the mattress as well as the sheets time to cool off when not in use.

Everything not absolutely needful in the room—especially a small room—might be dispensed with in the hot weather.

William Morris tells us to "have nothing in the house that we do not know to be useful and believe to be beautiful," and this might well be applied to the sickroom.

Should you be unfortunate enough to find the room furnished with upholstered furniture, and cannot "gently persuade" its removal, at least have it covered with cool linen or dainty cretonne to rest the eyes with its freshness.

The nurse herself should be clothed in the cleanest of uniforms. This is not always easy with the work of the sickroom, especially bathing, rubbing, and bedmaking, in the hot, moist weather. How would it answer to keep two uniforms going, changing after the heavy morning's work is finished, so that you will look and feel cool and fresh for the balance of the day?

Another thought that I have found helpful is to bathe the hands for a moment in cool water before attending to the needs of the invalid, as it adds greatly to the patient's comfort not to be touched with hot, sticky hands.

I grant you that I am multiplying work for the nurse by these extra comforts for the patient, but at all times we must be loyal to our profession and do our utmost for our patient's weal; and the nurse will enter but few households where the family and friends will not come bravely to the front to give her all the assistance in their power for the sake of the loved one who is passing through the discipline of suffering. Gladly will they supply an extra amount of clean linen, assist in the changing of beds, and in many ways relieve the nurse, so that she may not be overtired, if she for her part approaches them half way, and shows, in a quiet, tactful, ladylike manner, that she is without doubt the "angel unawares" in the household.

Cooling drinks may be devised in great variety and with comparatively little trouble. One of my patients told me she used to listen eagerly for the tinkling of ice against the glass on its way upstairs with joyful anticipation.

One of the most satisfactory of these cooling drinks between meals consists of orange- or lemon-juice, either together or separately, in a glass with cracked ice and then filled up with Vichy.

Electric fans are a boon in the sickroom, and many times the quiet, slow waving of a large fan, guided so that the breeze will really be felt by the invalid (which is not always the case), will carry with it an invitation to rest and sleep.

(To be continued.)

THE WORK OF A VICTORIAN ORDER NURSE IN FORT FRANCES, ONTARIO

By A VICTORIAN ORDER NURSE

FORT FRANCES, a small town at which a Victorian Order post is established, is half way between Port Arthur and Winnipeg. Until the beginning of the winter of 1901-2 the town was completely isolated for at least seven months of the year, as the nearest railway station was Rat Portage, a distance of one hundred and sixty miles, to reach which one was compelled to go by stage and over the ice on Rainy River and the Lake of the Woods. So the month of May was gladly welcomed by all, because then the boats began to run. However, since the Canadian

Northern Railroad has been completed there is connection with all points, as there is a train service three times a week.

But even in an isolated town the sick must be cared for, and as there is no hospital nearer than Winnipeg, those who need hospital treatment are sent there. In most localities Victorian Order work means district-nursing or nursing in one of the various cottage hospitals, but this is not the case in Fort Frances. Here, as a rule, continuous nursing must be done, especially in cases where the future health and sometimes the life of the patient is at stake. Should visits only be made, the patient is usually left alone during the absence of the nurse, as a neighbor seldom goes to the house of a friend to help unless that neighbor happen to be a particular friend. There are very few homes where there is a grown-up daughter to be found and very few homes have help, not always because they cannot afford it, but because they cannot get it. There is absolutely no poverty in Fort Frances, nor yet is there any great wealth. In almost every home where there was any illness the services of the nurse were asked for, and up to the present time none has been refused. But when a nurse is called to a patient, be it in a hotel or in his own home, hers is no easy task, for since the grown-up daughter, neighbor, or maid is absent, the entire work devolves upon the nurse.

Every nurse is fond of clean garments and bed-linen for her patients, but here she must economize, as all the laundry work is done by the squaws and half-breeds on the reservation, about two miles distant.

Until the arrival of the Victorian Order nurse in Fort Frances, about four years ago, the nursing was done by half-breeds, who, though not very competent, used common-sense and followed the doctor's orders, meeting with fairly good success. My work has usually been among the white people, but on two different occasions I was called upon to assist at cases of amputation, in both of which the patients were Indians. It was my good fortune during treaty time to go with the doctor on his rounds on the Koochiching Reservation. The doctor is obliged to go to every house on the reservation and inquire if any are sick, and, if so, they are examined and prescribed for. Tuberculosis is the enemy of the Indians here as well as elsewhere, and tuberculous glands are found in all stages. But the Indian dreads an operation, and so these glands are allowed to spread and open, becoming most repulsive to look at.

Though these people are fairly intelligent, they know nothing of the use of disinfectants, and hence the spread of disease, tuberculosis especially. But then very few white people are impressed with the germ theory, and few stop to think that infection and contagion cannot be

prevented without the free use of disinfectants. In a case of sepsis the doctor ordered a douche of permanganate of potash, but the friends of the patient objected to the douching with such a solution and dismissed the doctor from the case, calling for the services of the next doctor, who lived forty-five miles away. Formerly there was only one doctor for the surrounding country, both on the Canadian and American sides, so I helped the doctor, as there was no nurse across the line.

During the winter months a critical case on the American side needed a great deal of care, but owing to the press of work at that time only visits were made. There is only one way of crossing the river, and that is by ferry. My first visit was made at six A.M., and at that time the river was frequently frozen all the way across, especially when the thermometer ranged from thirty to forty-five degrees below zero, and even though the river was only a little over a third of a mile wide it took a long time to cross, as the ice had to be broken as the boat went along. There was no trouble making the second visit at two P.M., but about nine P.M. the fog began to rise, and at times it seemed unsafe to cross. The fogs in the evening were dreaded as much as the ice in the morning, but only once did we lose our way, and then found it before we got into the current, which would have taken us over the falls. But tramping through snowdrifts, crossing in the fogs, getting fastened in the anchor-ice, and at times helping break ice had its reward, for my patient made a splendid recovery and enjoys the best of health.

There have been runs of certain diseases, such as typhoid fever and pneumonia, and at times two nurses would have been kept busy, but this is the only point inside a radius of two hundred miles east or west where a nurse could be had. Very few cases during the past two or three years ended fatally.

Owing to the absence of a hospital here some cases must be sent out, as there is no place except the hotels where room could be had where the patient might be cared for. The emergency cases are all taken to the hotels, and the hotel-keepers usually do all in their power to accommodate these patients, even though they are put to disadvantage by so doing.

There are many disadvantages in living in Fort Frances, in winter especially. Eggs are never plentiful, and in winter-time a patient would fare badly for eggs and fowl were it not for a few residents who have a tender spot for those who are sick. There is not a private boarding-house in the town, which has a population of five hundred. There is always a large transient population for so small a place, and even the nurse must take her meals at the hotel and room in a private house.

A nurse's life must necessarily be a quiet one. There are very few amusements or pleasure trips, but there is an occasional church entertainment and picnic, though it is usually the nurse's misfortune to be busy at such a time. But such a lonely place has its compensations, the climate is healthful, the winters are cold but pleasant, and the scenery during the summer months is beautiful, and no matter in what place or under what circumstances, it is well to be content.

THE WORLD'S WAR AGAINST CONSUMPTION

COMPILED BY L. L. DOCK

(Continued from page 610)

SOME months after Dr. Knopf's criticism upon the non-existence of an American society against tuberculosis steps were taken to form a committee to war against this disease, which may and undoubtedly will become a national committee, having been organized under the auspices of the Charity Organization Society of New York, a society justly famed for its notable constructive work in reformations of a social and hygienic character. We quote the following from the "Annual Report:" "... The appointment of the Committee on the Prevention of Tuberculosis, consisting of sixteen representative physicians and sixteen others who are especially interested in the social aspect of the disease. In many respects the methods of work adopted by the new committee will be similar to those which were employed in the case of the Tenement-House Committee. Like the former committee, this one will be representative in character. For example, both Dr. Ernst J. Lederle, Commissioner of Health, and Dr. Hermann M. Biggs, medical officer of the Health Department; Mr. Homer Folks, Commissioner of Public Charities, and Mr. Robert W. de Forest, president of the Charity Organization Society and Commissioner of the Tenement-House Department, are members of the committee.* Coöperation will be sought not only with charitable agencies of all kinds, but with city departments and State officials. Attention will be devoted to educational propaganda, and the support of the public press will be especially sought.

"The services of a competent secretary, a district nurse, and a statistician who will devote their entire time to the committee have been

* A nurse is also a member of this committee, Miss L. D. Wald, of the Nurses' Settlement, New York.—ED.

secured, and at the same time, in so far as it will be of advantage, the entire volunteer body of workers and the expert agents and visitors of the society will contribute to the objects which it is desired to accomplish.

"The first task will be an exhaustive investigation of some of the social aspects of tuberculosis. There are already in progress in many laboratories investigations of a bacteriological character; and in the hospitals and sanatoria there is opportunity for clinical study and investigation into the physical aspects of the disease. Little attempt, however, has been made to establish the relation, for example, between infected living apartments and the victims of the disease, or into the possibility of recovery or improvement resulting from improved diet and improved light and air when patients are treated in their own homes; nor has there been any systematic effort to ascertain how far infection can be prevented by instruction in the nature of the disease and in the character of the precautions which should be taken to prevent its spread. In several foreign countries and in some parts of the United States, as well as in Canada, there have been organized societies for the prevention of tuberculosis, their chief functions being the dissemination of leaflets and of information in other forms concerning the communicability of the disease, the disinfecting of apartments where deaths occurred, and the necessity of conscientious care on the part of consumptives, especially as to the danger of spitting in hallways, public conveyances, or on the street. Educational and practical work of this kind is of the utmost importance, and the committee will undertake to carry on such work on a large scale at the same time that its investigations are in progress.

"In coöperation with relief agencies it is hoped that much additional information may be obtained concerning the desirability of making an entire change in the physical environment of those who are suffering from the disease, even when this involves considerable financial outlay. The financial burden imposed by the existence of twenty thousand consumptives in New York City is enormous, and on the financial side alone, therefore, it may be found a good investment to cure tuberculosis in its incipient stages, rather than to allow almost the entire number, as at present, to become a burden either upon their immediate family or upon the public in the last stages of the disease.

"The committee wish especially to emphasize the fact that this movement is not in any sense one against consumptives, nor one that will be permitted in any way to increase the already great hardships of their lot. In some quarters there is a tendency to exaggerate the danger of casual contact with tuberculous patients. It is believed that there is no occasion for any panic or public apprehension from the existence in a community of consumptive patients provided a reasonable degree of

prudence is exercised. Complete isolation of all consumptives would be an utterly impracticable proposition. Undue restraint upon the liberty of patients in moving from one place to another, or any such general dread of the disease as will make it more difficult for those who have had tuberculosis but have been cured, or for those who are improving and are conscientious in caring for their own sputum, thus preventing the infection of others, to find employment, is to be deprecated. The ruling of the immigration authorities that all consumptives would be excluded on the ground that their disease is dangerously contagious is an instance of action of this kind. Only six intending immigrants were, however, excluded under this ruling between January 1, 1902, and August 31, 1902, obviously much less than the number arriving. The total number of persons returned to foreign countries in this period who were afflicted by tuberculosis was twenty-six, but twenty were brought to the Commissioner from various places for deportation under the one-year clause, *i.e.*, because they had become public dependents within one year of their arrival. A systematic attempt to spread accurate information concerning what is definitely known about the disease will be of benefit to individual consumptives, and will eventually, it is hoped, contribute to the lessening of the present high death-rate from the disease.

"The present committee is not the first attempt that has been made to perfect an organization of this kind, and one of the most hopeful things in connection with its formation is that the earlier attempts in the same direction are merged into it. Last winter, largely upon the initiative of Dr. S. A. Knopf, a call was circulated for a meeting to form a society for the purpose of fighting tuberculosis. Many of those who have now become members of the new committee signed this call. Owing to the difficulty of finding a layman with the proper qualifications for the position of president of the society, the formation of the society was not consummated and the physicians who have been interested in the matter have cordially endorsed the present plan, by which the executive and clerical work of the committee will be attended to in the offices of the Charity Organization Society, while the scientific and professional guidance required will be supplied by those who are competent to give it.

"Aside from the investigation above described in the social aspects of tuberculosis, the objects of the committee have been formulated in part as follows:

"(1) The promulgation of the doctrine that tuberculosis is a communicable, preventable, and curable disease.

"(2) The dissemination of knowledge concerning the means and methods to be adopted for the prevention of tuberculosis.

"(3) The advancement of movements to provide special hospitals,

sanatorium and dispensary facilities for consumptive adults and scrofulous and tuberculous children among the poor.

"(4) The initiation and encouragement of measures which tend to prevent the development of scrofulous and other forms of tubercular diseases."—*Twentieth Annual Report, Charity Organization Society, New York.*

A still later article in *Charities*, called "Knows no Geography," gives a résumé of the most important and latest developments in this country in the war against tuberculosis, which we quote in full:

"There are striking evidences of the vigor with which the warfare against tuberculosis is being instigated throughout this country. There is at present no other disease which is receiving so much attention at the hands of social and philanthropic workers. One reason may be that its cause is so well defined and the methods whereby its spread can be prevented are so simple that they may be easily grasped by the public. There is reason to believe that within a comparatively short time the United States will have as complete an organization for the prevention of tuberculosis as any to be found in Europe.

"At present various cities and organizations are working on independent lines, and there is no affiliation between them in this work other than that of a common interest. A mere capitulation will perhaps show the scope of the movement.

"Pennsylvania has a Society for the Prevention of Tuberculosis, which was incorporated in 1895, and its work is along general lines. It has issued an instructive series of 'tracts,' and also seeks to encourage the erection of State and municipal hospitals. In New York City the Charity Organization Society has a Committee on the Prevention of Tuberculosis which has also undertaken an extensive educational work. About seventy lectures have thus far been definitely arranged for; dates and places for others are daily being determined. Pamphlets on the subject of 'The Prevention of Consumption' have been issued. Ten thousand of one of these are being distributed among the business offices and public libraries of the city; ten thousand of another are to be distributed among school-teachers, and a third pamphlet is to be distributed in large numbers (about forty thousand) among factories and workshops. The committee is also taking steps looking towards the erection of a sanatorium outside but close to the city, and in other ways it is exerting its influence as a coördinating body. At the same time, a sub-committee on treatment has ninety-eight cases of indigent consumptives under its care, although this work of relief began only in September.

(To be continued.)

BOOK REVIEWS



FOOD AND DIETETICS. By Robert Hutchinson, M.D., Edin., M.R.C.S., assistant physician to the London Hospital and to the Hospital for Sick Children, Great Ormond Street. American Edition. Published by William Wood & Company, New York. Price, \$3.00.

The subject of dietetics is one that has been omitted from the curriculum of most training-schools in the past, but now that so much attention is being given to the subject by physicians and scientists it is becoming an important department of the nurse's instruction in domestic science. Good books on the subject are rare, as researches in this line are constantly overthrowing the old ideas, thus making books printed a few years ago unreliable.

One of the latest books on this subject is by Dr. Hutchinson, of London. Originally given in the form of lectures to medical students, it is written in a style to hold the attention and interest of the reader, and will be found exceedingly valuable as a reference-book for training-school libraries, and to the graduate whose training did not include this subject a study of its pages will prove entertaining and instructive.

Dr. Hutchinson quotes freely from such scientists as Atwater, Voit, and others, and from the bulletins issued by the United States Department of Agriculture. In the first two chapters is discussed the digestibility and "absorbability" of food, its composition, and tables of standard and actual dietaries are given and compared. The third chapter is on "The Influence of Various Conditions upon the Amount of Food Required." The divisions under this heading are: (1) "Work and Rest" (both muscular and mental work are considered); (2) "Influence of Weight and Build;" (3) "Influence of Age and Sex;" (4) "Influence of Climate and Season;" (5) "Influence of Personal Peculiarity."

The succeeding chapters explain the structure and composition of all the principal articles used for food, their nutritive value, and the effect of cooking. The last chapters are of especial interest to nurses, as they are so often left to decide as to what food a patient shall eat. The subjects of these chapters are "The Principles of Feeding in Disease" and "Artificial and Predigested Foods and Artificial Feeding."

HOW TO KEEP WELL. By Floyd M. Crandall, M.D. Doubleday, Page & Company, publishers. Price, \$1.50.

This will be found useful as a book of reference for pupils in training, as it contains in condensed form the history of medicine and an outline of the progress in the study of disease. It might also be recommended by nurses in practice to those patients who desire information in regard to precautions and preventive measures, as it contains much practical advice and is written in simple language, with very few of the technical terms ordinarily used in medical literature.

In the chapter on "Modern Medicine" is explained something of the position of the physician at the present day; in that on "The Causes of Disease" is given in a few words an idea of the ancient theory of disease and the theories at the present time.

The chapter on "Vaccination," in which the history and development of vaccination is given, together with the latest statistics to be obtained on the

subject, is especially valuable in these days of anti-vaccination agitation. "Sweden furnishes some particularly valuable facts, for excellent records have been kept since 1774. Between 1774 and 1801 the average smallpox mortality per million living was two thousand and forty-five. During fifteen years (1802 to 1816) of optional vaccination the average mortality was four hundred and eight, and for seventy-seven years of compulsory vaccination it averaged one hundred and fifty-five. During the ten years from 1884 to 1893 (the latest record I can obtain), under still more rigid laws, there was no year in which the rate per million was above five; it was in one year as low as 0.2."

A THESAURUS OF MEDICAL WORDS AND PHRASES. By Wilfred M. Barton, M.D., assistant to professor of materia medica and therapeutics, and lecturer on pharmacy, Georgetown University, Washington, D. C.; and Walter A. Wells, M.D., demonstrator of laryngology and rhinology, Georgetown University, Washington, D. C. Handsome octavo of 534 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1903. Flexible leather, \$2.50 net; with thumb index, \$3.00 net.

This is a unique work, and the authors deserve the gratitude not only of the medical fraternity, but of every nurse who has ever puzzled her brains trying to recall some technical term, the meaning of which she knows, which has been used by a lecturer, which she could not spell and so did not have in her lecture notes.

Suppose she is writing up a lecture on "Bacteria" and wishes the names of the different varieties; she turns to the word "Bacterium," and she finds:

"Bacterium (pl. Bacteria). See also Micro-organism, Coccus, Bacillus, Fungus.

Synonym: Schizomycete (pl. Schizomycetes); (adj. Bacterial.)

"b. arising from outside. Ectogenous b.

"b. arising from within. Endogenous B/.

"b. requiring air. Aërobic b.

"b. not requiring air. Anaërobic b.

"b. invading the blood. Hematophyte b."

and so on for a long list which fills the heart of one who well remembers the first time she heard the word "Schizomycete" and the trouble she had in finding out how to spell it with joy.

Some quotations from the Introduction will give a better idea of the aim of the book than anything the reviewer can write:

"Instead of supplying, as an ordinary dictionary does, the meaning to given words, it reverses the process, and when the meaning or idea is in the mind, it endeavors to supply the fitting term or phrase to express that idea. It aims especially to give the technical equivalents of vernacular or vulgar medical words, and under appropriate headings to present all the technical words associated with a given subject.

"It must be distinctly understood that this work is not intended to supplant the medical dictionary or glossary, having a wholly different purpose, and the definitions are as short as practicable in keeping with that purpose.

"It must be borne in mind also that a thesaurus, in the sense here used, is not an encyclopædia or a treatise upon medical subjects."

Truly "this thesaurus of medical terms and phrases will be found of inestimable value to all persons who are called upon to state or explain any subject in the technical language of medicine," and every nurse who wishes to perfect herself in the use of technical terms should own a copy, and every superintendent would do well to add a copy to her training-school library.

I. R. P.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



HYOSCINE HYDROBROMATE ETHER ANÆSTHESIA.—The *Journal of the American Medical Association* in an abstract from the *Dominion Medical Monthly* says: "Robertson recommends the use of 0.01 of a grain of hyoscine hydrobromate one-half hour before the administration of ether. The patient is calm and dozes off with quiet respiration, the mouth dry, takes ether without struggling, and the stage of surgical anæsthesia is quickly reached. There is little or no secretion of fluid from the mouth or respiratory tract, no muscular rigidity or cyanosis, and a very small quantity of ether is required. There is no vomiting or obstruction to the respiration by secretion of fluid in the air-passages. The patient regains consciousness rapidly, but is quiet and sleepy for the first twelve hours after the operation. There is some dryness of the mouth and thirst. He has never seen any dangerous symptoms follow the use of the drug, and he thinks that it prevents or lessens many of the disagreeable or dangerous effects of ether."

FORMALIN FOR INOPERABLE CANCER.—The *New York Medical Journal* in an abstract from the *British Medical Journal* says: "Powell's method of application of formalin in cases of inoperable cancer is as follows: Absorbent lint is soaked in two per cent. formalin solution (commercial formalin one part, distilled water nineteen parts) and laid on the tumor. This is covered with jaconet and cotton wool and bandaged on. The dressing should be changed every six hours. After the third or fourth dressing the discharges and fætor cease; the further process is an aseptic one. In from three to seven days the tumor loses its elasticity and becomes darkened, friable, and insensitive. The further use of formalin is painless, and separation takes place, which should be aided by snipping the fibrous bands that pass into the underlying granulations. Less than a two per cent. strength of solution will not properly harden the tumor mass, and if that percentage is exceeded, the application is painful, the diseased mass becomes surface hardened, separation is difficult, and there is a risk of eschars. By the author's method no local or general anæsthetics are required."

THE TONGUE IN DISEASE.—Dr. Dickinson has a paper in the *London Lancet* on this subject. The first indication of departure from the normal tongue is the dotted or stippled tongue, a slight excess of epithelium on the papilla. It may be peculiar to the individual and not indicate ill-health. The coated tongue is merely an increase of this condition. There is usually a slight rise of temperature. It occurs in a variety of cases where the patient is indisposed but not really ill. When the tongue is not only coated, but dry, the case is more grave. There are two types—the strawberry tongue and the plastered tongue, heavily coated. This suggests pneumonia or typhoid fever, acute bronchitis or acute rheumatism. The average temperature is 101.6. This is the most definite in its

indications of all the different states of the tongue. The furred or shaggy tongue is more indicative of chronic than of acute disease. It is common in prolonged illness when the patient eats little solid food and the flow of saliva is lessened. The incrusted, brown, dry tongue, with elongated papilla separated and caked over with a brittle crust, cracked and fissured, consisting largely of vegetable organisms, indicates that the patient has not masticated food and that the production of saliva is scanty; usually there is a high temperature. The prognosis is grave and liquids and stimulants are demanded. The denuded tongue, red, smooth, and dry, represents a later phase of disease and expresses an impairment of nutrition and exhaustion. The diseases in which it is seen are usually subacute, and the fevers are often hectic. The growth of the epithelium of the tongue is hindered and causes this appearance.

TREATMENT OF WHOOPING-COUGH.—Dr. T. W. Kilmer in a paper in the *New York Medical Journal* proposes what he says is a new treatment for this disease. For the relief of vomiting, especially in infants, he places around the child a stockinette band extending from the armpits to the pubes and fitting the child snugly. Two shoulder-straps prevent the band from slipping down. Upon this band a single width of elastic bandage is sewn, extending around the body and covering the abdomen. The bandage is slightly stretched when it is sewn on. Should the vomiting continue after the belt has been applied, tighten it slightly. It can be applied also around the chest to abort the paroxysms of coughing. He says whooping-cough is a self-limited disease and runs its course as does pneumonia. The medicinal treatment he has found most efficacious is the alternate use of antipyrine with bromide and quinine.

THE FOOD FACTOR IN EDUCATION.—The *Medical Record* says: "Over-pressure' in education has now for some time been made the theme of endless discussion. This crusade against modern methods of training the rising generation has not been undertaken without valid cause. The youth of great cities throughout the world are crammed with knowledge—much of which is more or less useless—while their physical condition is neglected. The consequence is that the urban population is degenerating in physique and constitution, and is becoming every year less fitted to fight successfully the battle of life. In the *British Medical Journal*, April 4, is an article which, although allowing that the present tendency to overload the minds of the young produces many evil effects, contends that insufficient food is a factor of much importance in the production of ill-health, and that the diet of growing children is generally inadequate, both as regards quantity and quality. Dr. Clement Dukes, a distinguished authority on school hygiene, states that the average schoolboy requires meat twice a day, and suggests that the innumerable petty misdemeanors of boys may be due to insufficient nourishment. Underfeeding is especially noticeable in the case of girls. Dr. Newsholme points out that girls thus underfed often get into the habit of relying on bread and butter and puddings to the almost complete exclusion of meat and other nitrogenous food. The conclusion arrived at from a consideration and comparison of diets in various schools in England and France is that, as a rule, not enough nitrogenous food is given, and that girls are generally underfed. In these days, when examinations are harder and competition more acute than ever before, the strain upon the mental faculties and upon the nervous system of those at school and college is exceptionally severe, and in

order to preserve good health the necessities of the body must be carefully looked after. The young, then, when studying hard should not only be given sufficient food, but suitable food."

PROLONGED WITHDRAWAL OF FOOD.—Dr. T. D. Parke in a paper in the *Journal of the American Medical Association* gives the details of two cases of children ill with intestinal disease, ileocolitis, who were kept without food, one for five days and nights, the other for eight, both recovering. In the first case the child had fever, convulsions, and bloody stools. Plain water was given until at the end of five days the reduction of temperature and change in the character of the stools warranted the giving of diluted food, broths, whey, and, lastly, modified milk. In the second case albuminized water was given at the end of five days, but the symptoms being aggravated, food was again withheld for three days more. The child lost flesh but was not extremely emaciated. The prolonged withdrawal of food is not advocated indiscriminately. In most cases forty-eight hours is sufficient. Children ill with the severer forms of intestinal disease will be more comfortable, live longer, and recover more quickly on water than they will on food of any description that a disturbed digestive tract cannot assimilate.

CATHETERIZING A PATIENT.—G. M. Cushing, in the *Clinique*, gives the following careful instructions to be followed out in the catheterization of a patient: 1. The instrument should be thoroughly sterilized by boiling and transferred to the hand solution with sterilized forceps. 2. It should be absolutely smooth. 3. It should be lubricated with an aseptic lubricant. 4. It should be introduced without force. 5. The operator's hands should be rendered aseptic by the use of a hand solution. 6. The meatus urinarius should be bathed with an antiseptic solution before the catheter is introduced.

LEMON-JUICE FOR TYPHOID.—Johnson, in *Northwest Medicine*, says he has experimented with lemon-juice on the various cultures of the typhoid bacillus, and comes to the conclusion that lemon-juice in any proportion that is palatable must be left to stand much longer than the ordinary meal-time to be of any prophylactic virtue. He finds, however, that a very short heating, even of five minutes, to a temperature of above 60° C. is sufficient to destroy the typhoid germ. It need not be boiled; it is not necessary to have the air boiled out.

BACTERIA IN INTESTINES AFTER ADMINISTRATION OF DISINFECTANTS.—The *Journal of the American Medical Association* in an abstract of a paper in a German exchange says: "Strasburger announces as the conclusions of extensive research on man and animals that most of the purges and disinfectants, including calomel, actually increase the number of bacteria in the intestines, as they injure the lining and thus afford more favorable conditions for their proliferation. Proper absorption of well-digested food deprives the bacteria of their nutrient medium and hence reduces their number. Abstinence from food has the same effect. No disinfecting power could be observed with naphthalin, and only very slight with salicylic acid; tannocol was the most effective. Ingestion of readily absorbed food or abstinence from food are the most effective means at our command for restricting bacterial proliferation in the bowel."

HOSPITAL AND TRAINING-SCHOOL ITEMS



TRAINING-SCHOOL NOTES

PREPARATORY COURSE FOR NURSES' TRAINING-SCHOOLS AT DREXEL INSTITUTE, PHILADELPHIA—FIRST ANNOUNCEMENT

1903-04.—*First Term begins Thursday, September 17; Second Term begins
Monday, February 1.*

The rapid development of training-schools for nurses in this country has led of late to serious discussion as to the kind and amount of scientific education which ought to be given to the nurses in training. The question has been before the American Society of Superintendents of Training-Schools for Nurses, and the drift of opinion is evidently in favor of increasing the amount and raising the standard of the instruction given in those studies which might be characterized as auxiliary to the strictly professional training given in the hospitals. The conviction among those who have given the matter special attention appears to be that this scientific knowledge could be more advantageously acquired if given independently of the professional work; and the general conclusion which has been reached is that if a preparatory course of training in the scientific branches, a knowledge of which is essential to a fully equipped nurse, should be provided, relief from the pressure upon the women in the first year of the training-schools would be obtained, while the standard for the education of nurses would be raised along the whole line.

At the solicitation of Dr. S. Weir Mitchell and the superintendents of the leading nurses' training-schools, Philadelphia, the Drexel Institute has undertaken to organize such a preparatory course of instruction. The institute has all the necessary facilities in the way of laboratories, lecture-rooms, class-rooms, school-kitchens, apparatus, and appliances, and all the additions necessary for this new course of instruction and training will be liberally provided.

INSTRUCTORS

JAMES MACALISTER, LL.D., president of the institute.
ALBERT P. BRUBAKER, M.D., professor of anatomy and physiology.
ERNEST A. CONGDON, PH.D., professor of chemistry.
ABRAHAM HENWOOD, assistant professor of chemistry.
EDWARD Q. THORNTON, M.D., lecturer on materia medica.
HELEN M. SPRING, director of the courses in domestic science and economics.
HARRIET P. MITCHELL, instructor in bacteriology.
HARRIET L. MASON, professor of English language and literature.
ALICE M. BRENNAN, instructor in vocal expression.
MAUDE G. HOPKINS, director of the gymnasium.

COURSE OF INSTRUCTION.

First Term.

ANATOMY AND PHYSIOLOGY.—Lectures and demonstrations.
MEDICAL CHEMISTRY.—Lectures and laboratory work.

MATERIA MEDICA.—Lectures and recitations.

DOMESTIC SCIENCE AND ECONOMICS.

ENGLISH LANGUAGE.—The construction and use of the sentence; paragraphing; correspondence.

VOCAL EXPRESSION.—Voice training and reading.

PHYSICAL TRAINING in the gymnasium.

Second Term.

ANATOMY AND PHYSIOLOGY.—Lectures and demonstrations.

MEDICAL CHEMISTRY.—Lectures and laboratory work.

HYGIENE.—Personal and domestic.

BACTERIOLOGY.—Lectures and laboratory work.

DOMESTIC SCIENCE AND ECONOMICS.

ENGLISH LANGUAGE.—The writing of statements, synopses, reports, etc.

PHYSICAL TRAINING in the gymnasium.

Occasional lectures on special topics are given by representative physicians throughout the year.

The attendance of students is required from nine A.M. until three or four P.M., with an intermission of one hour at noon.

The public lectures on art, science, literature, etc., and the public concerts which are given at the institute during the winter months, are free to the students, and afford liberal opportunities for general culture to those who care to make use of them. The same may be said of the library, the museum, and the picture gallery.

CERTIFICATE.

A certificate is given to students who complete the full course and pass all the required examinations.

The leading training-schools in Philadelphia will give the preference for admission to candidates who hold the certificate of the preparatory course. The certificate of the Drexel Institute will be accepted by them without an examination. It is expected that the same arrangement will be made with training-schools of high standing in other places.

ADMISSION.

Applicants must be not less than twenty years of age, and must have had at least a high-school education or its equivalent. When the diploma or certificate of a school of approved standing is not presented, the faculty must be satisfied as to the general intelligence and educational attainments of the candidate. Students are admitted only at the beginning of the academic year.

Applicants for admission to the preparatory course should be sure that they will be able to meet all the requirements for admission to the training-schools for nurses. The following, from the circular of one of the leading training-schools, may be taken as a statement of the conditions that are required generally throughout the country:

"The work of nursing demands intelligence, good temper, thorough trustworthiness, and a cheerful and willing disposition. It is essential that the candidate should be of unblemished character and in sound health of body and mind."

Application for admission should be made to the registrar at the institute.

The course offers special advantages to graduates of nurses' schools who are desirous of adding to their scientific knowledge and training.

The course is open to women not intending to become nurses, but who wish to avail themselves of the instruction and training which it offers.

PRIZES.

For the year 1903-04 Dr. S. Weir Mitchell has offered two prizes, of thirty dollars and twenty dollars, to be awarded to the students standing first and second, respectively, in all the studies of the course.

FEES AND TERMS.

Fee, *thirty dollars* per term.

There are two terms in the year, beginning, respectively, in September, 1903, and February, 1904.

Board and lodging can be obtained in Philadelphia from five dollars per week upward.

Textbooks and stationery cost about ten dollars for the year.

SUBJECTS OF INSTRUCTION.

Anatomy and Physiology.

The course of instruction embraces both lectures and demonstrations. The lectures cover the following topics: The general anatomy and physiology of the human body; the physical and chemical properties of the tissues; the chemical composition and physiological properties of foods and their relative values as nutritive agents; the process of digestion; the elaboration of food into blood; the circulation of the blood; respiration; animal heat; secretion and excretion; the physiology of the nervous system and special senses; the larynx and the voice.

Medical Chemistry.

The lectures will be general in character, including the following topics: 1. Fundamental principles and laws of the science. 2. The atmosphere—oxygen, inspired and expired air; ventilation. 3. Combustion—carbon; fuels, calorific value. 4. Food materials—nitrogenous foods, non-nitrogenous foods, mineral matters. 5. Proximate food principles—fats and oils, protein. 6. Study of typical foods—milk, flesh, vegetables, fruit, bread, cereals.

Materia Medica.

Forms under which medicines are administered; routes of entrance into the body; absorption; elimination; measures and symbols; nature and properties of frequently used drugs; anæsthetics; antiseptics and disinfectants; emetics, cathartics; topical remedies.

Hygiene.

The course in hygiene is of a thoroughly practical nature, including the care of the body, the organization and care of the house, heating and ventilation, water-supply and drainage, plumbing, lighting, sanitation of dwellings and hospitals. Two hours a week are given to physical training in the gymnasium.

Bacteriology.

The subject of bacteriology is dealt with chiefly in its normal and sanitary relations. The course includes the examination of air, water, ice, and milk; the principles of sand filtration and the testing of the efficiency of filters; the preparation of culture media and the determination of species; sterilization, disinfectants, and antiseptics.

Domestic Science and Economics.

The instruction in domestic science includes the following courses: 1. Instruction in the composition and dietetic value of food materials. The lessons are arranged in logical order, and each principle is illustrated by the preparation of simple dishes. The object of the course is the preparation of food in the most digestible and appetizing forms. 2. The preparation of more complicated dishes than are included in the first course. Lessons in marketing and carving, and practical demonstration in the cutting of meats. 3. Invalid cookery, including the preparation of food suitable for the sickroom.

EQUIPMENT.

The scientific equipment of the institute as to laboratories, school-kitchens, and classrooms is unsurpassed. Everything necessary for the scientific instruction, as well as for the practical training, of the students is provided.

GYMNASIUM.

The gymnasium is a large, airy room, completely equipped in accordance with the requirements of the Swedish system of physical training and with dressing-rooms and bathrooms supplied with hot and cold water. All the training is conducted under the immediate supervision of the director.

LIBRARY.

The library, which contains thirty thousand volumes, is well supplied with books bearing upon the special work of the course.

MUSEUM AND PICTURE GALLERY.

The museum contains extensive collections representing the arts of Egypt, India, China, Japan, and Europe. The picture gallery contains the John B. Lankenau collection of paintings, in which are found examples of work by the leading artists of the German, Italian, French, and other schools.

GRADUATING EXERCISES

THE first commencement exercises of the Metropolitan Training-School for Nurses attached to the Metropolitan Hospital were held in the New Convalescent Hospital, on Blackwell's Island, on May 23, 1903. Although eleven classes have graduated from this school, this is the first year that it has been successful in holding public exercises. The Nurses' Home and Convalescent Hospital were beautifully festooned with the national colors, inside and out, which added a gala appearance to the grounds around. Punctually at three-thirty p.m. the nurses were formed in line for the procession from the home to the hospital, the pupil nurses in blue and white, the head pupil nurses and graduates of former years in white. As the nurses marched through the avenue of trees the patients and other spectators cheered and waved, some with handkerchiefs, others with gauze. Surely such a sight was never witnessed before at the northern end of the "Isle of Blackwell"! The Hungarian Orchestra played appropriate music, to which the nurses marched down the centre aisle to their places. On the platform were assembled the Hon. Seth Low, Mayor of New York City, the Hon. Homer Folks, Commissioner of Public Charities; to the right the lady Board of Managers, while to the left and rear the members of the Medical Board and the superintendent of the Metropolitan Hospital. Just after the general assembly the annual report of the superintendent of the Training-School was read, in which was given a detailed history of the Training-School from its

birth to the present time, with all its changes and improvements during the past year, when the Training-School was reorganized; next came the addresses to the class by Dr. Egbert Guernsey Rankin, chairman of the Committee of Inspection, and Dr. Walter Sands Mills, chairman of the Committee of Nursing of the Metropolitan Hospital Medical Board. Mrs. W. K. Draper, president of the Board of Managers, administered the Hippocratic Oath to the graduating class, and the distribution of diplomas to twenty-five pupil nurses and twelve graduates of the post-graduate course.

Graduating Class, 1903.—Eleanor Lavinia Coe, Lilian DePuy, Elizabeth A. Orwell, Mary A. Houlihan, Beatrice M. Canning, Lilian Elizabeth Henderson, Edyth B. Hawkins, Katherine E. Macklin, Helen C. Powers, Helen Elizabeth Marshall, Marie Winifred Jones, Agnes Palmer Weld, Margaret Catherine Parsons, M. Reba Earl, Mary Elena Canning, Virginia Fernlie Durfrey, Helena Frances Sleght, Mary Staples Dreher, Grace Edith Tunstead, Clara Moreland Evans, Lucy Bell Sadler, May Hendy Roberts, Elizabeth Baker, Alice Monroe, Antelede Barrett Wiseman.

Graduates of the Post-Graduate Course.—Helen G. Hunt, Lulu M. Moore, Kettie B. Townley, Mary M. Uffland, Sabra Isabel Hunter, Grace A. Van Zandt, Ella G. Rowe, Alice M. V. Kingsland, Mary A. Houlihan, Belle Agnes Clement, Alice L. Hudson, Ervie E. King.

Addresses followed by the Hon. Seth Low and Hon. Homer Folks, after which the prizes were distributed by the latter. The exercises were closed by the Rev. Thomas Gardiner Littell, D.D., with the benediction. It did not take very long to find what was next on the programme, as the crowds moved towards the Nurses' Home, and the nurses were lined on each side to permit the guests to pass through. A reception was held, followed by a dance in the New Convalescent Hospital.

THE commencement exercises of the Class of 1903 of the Connecticut Training-School for Nurses were held in the chapel of the New Haven Hospital on June 11 at eight p.m. The class numbered nineteen members. The platform where the graduates and school were seated was tastefully decorated with ferns and palms, and a wealth of flowers were massed upon tables in front. Charles R. Palmer, D.D., presided, and after a prayer of invocation gave a short introductory address. Miss Edith E. Baldwin was class poet. The class history was presented by Miss Jane P. Hill, and other members of the class, assisted by friends, rendered the numbers of a varied musical programme. An address was delivered to the graduating class by Professor Williston Walker, who paid tribute to the nobility and self-sacrifice of the profession and counselled a lofty ideal and steady purpose to grow in knowledge, skill, character, and usefulness. The diplomas were presented by Mrs. Charles B. Richards, president of the Committee of Administration. The march into and from the chapel to the accompaniment of the orchestra was a pleasing feature of the evening's programme. A reception followed in the large parlors of the Nurses' Home. The receiving party were Miss Stowe, superintendent, Mrs. Smith, assistant superintendent, and the graduates of 1903.

THE first public graduating exercises of a class of nurses from the Training-School of the Central Maine General Hospital, of Lewiston, Me., occurred on the evening of June 12, 1903. The exercises were held in Odd-Fellows' Hall, and the nurses marched in promptly at eight o'clock. There were twelve members in the graduating class, which marched first in the line, then came Miss Eugenia

D. Ayers, the superintendent of nurses, with her two assistants, then the undergraduates from the school, and last, the members of the Alumnae Association. Hon. Ara B. Cushman, one of the Board of Directors, presided over the exercises in the absence of the president, Hon. Seth Carter. Mr. Judkins was the speaker of the evening, and presented the diplomas to the class in a very able manner. Delightful music was furnished by the Lotus Quartette and Miss Lillian Bearce, soloist. After the formal exercises of the evening were over refreshments were served, and the remainder of the evening was passed with dancing and whist.

JULY 1 five graduates received their diplomas, given by the School of Medicine and Pharmacy of the University of Havana, Cuba—viz., Señoritas Margarita Nuñez, Edelmira Fernandez, Celia Fernandez, and Maria Seiglie, of Hospital Mercedes, Havana; Pilar Costa, of Hospital Civil of Cienfuegos. Señoritas Margarita Nuñez and Pilar Costa also received the gold medal of honor, given by the State as a reward of special merit. The commencement exercises were held in the hall of the Ateneo Club, of Havana, which was well filled by representatives of Havana's best families. President Palma presided, presenting the diplomas, school badges, and medals of honor. About forty of the pupils of the schools of Hospitals Mercedes and No. 1 were present in uniform, rather a novel sight in Havana, where nurses are still almost unknown.

THE annual commencement of the St. Mary's Hospital Training-School for Nurses, Brooklyn, N. Y., was held at the Pouch Gallery, 345 Clinton Street, on the evening of May 13, 1903. Dr. John Harrigan, president of the faculty, presided, and after the administration of a modified form of the Hippocratic Oath awarded diplomas to the following young women: Elizabeth Somers, Brooklyn; Lillian Warde, Canada; Anna Gallagher, New York; Mary Kennedy, Massachusetts; Ethel Roche, Massachusetts; Margaret Mahoney, Massachusetts; Mary Kelley, Connecticut; Christine Russell, Long Island; Katharine Hagerty, Georgia. Hon. William J. Carr addressed the graduates. Following the exercises a reception was given the graduates and their friends.

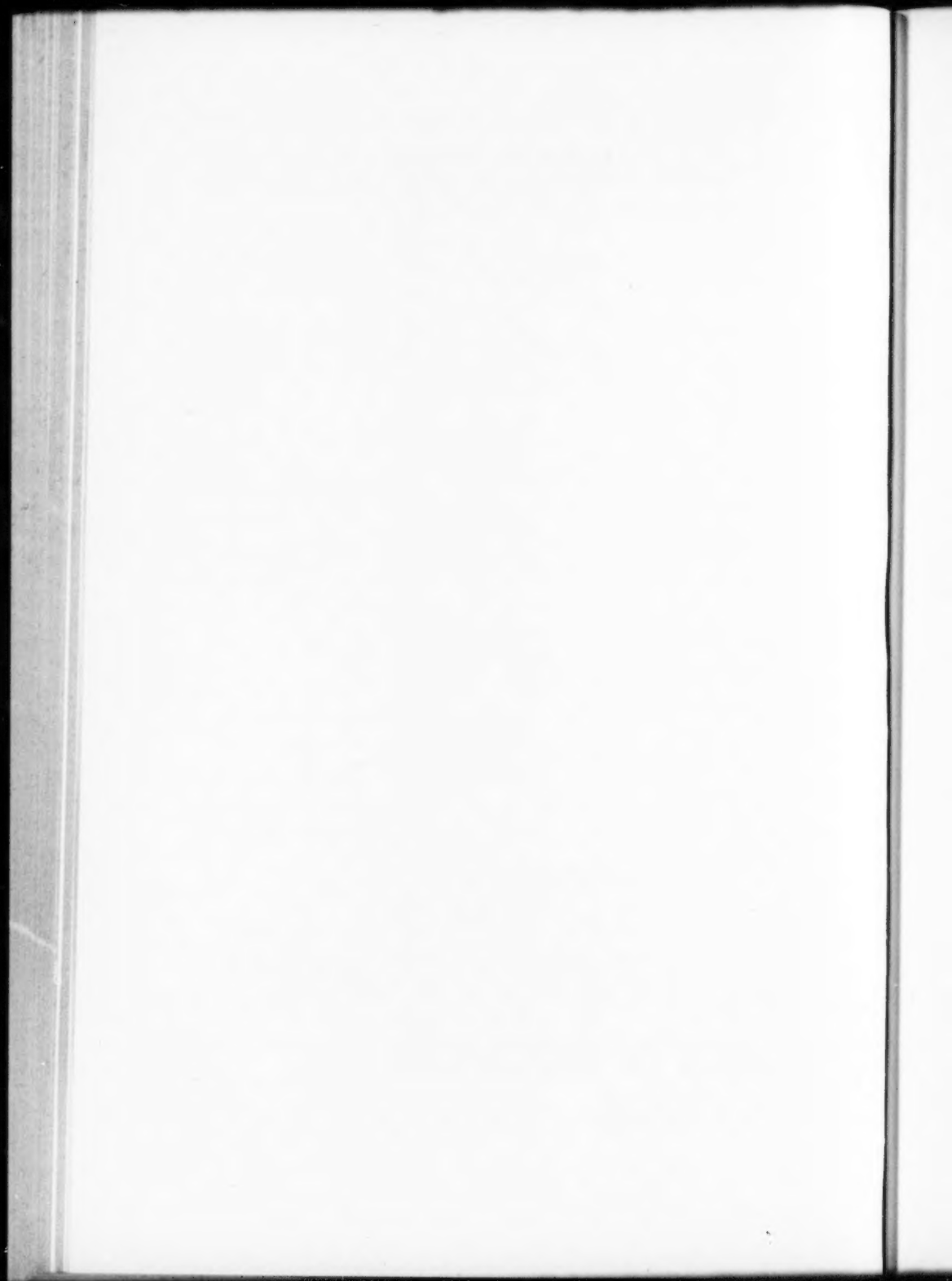
THE graduating exercises of St. Luke's Hospital Training-School, Chicago, were held on the evening of St. John's Day in the hospital chapel, which was beautifully decorated with Marguerites, the school flower. The diplomas were presented by Dr. Leslie Carter, president of the Board of Trustees. The Rev. William C. Waters, rector of Grace Church, delivered an address and gave the class their pins. The Harriet Fulmer prize was awarded to Miss Lulu B. Averill for high standing in class work. An excellent address was delivered by Dr. Frank Cary on behalf of the Medical Board. After the exercises an informal reception was held in the Training-School, where refreshments were served.

GRADUATING exercises for the Training-School of St. Luke's Hospital, Duluth, Minn., were held in St. Paul's Church on Thursday evening, June 18. Bishop Morrison delivered the usual address. In the absence of the president, Rev. Dr. Ryan, he also conferred the diplomas. The five graduates were as follows: Laura M. Moffatt, Margaret L. Dulop, Emma F. Boyd, all of Ontario; Gertrude E. Adams, of Minnesota, and Jane Callaghan, of Wisconsin. After the service a most enjoyable reception was tendered the nurses at the bishop's residence and a host of friends greeted them. The superintendent of the Training-School is Miss Mary G. Thornton, with Miss F. M. Root as assistant.

THE Lebanon Hospital, New York City, held graduating exercises on June 23, fourteen young ladies being awarded diplomas. There were a number of



GRADUATING CLASS OF 1903, ST. MARY'S HOSPITAL, BROOKLYN, N. Y



addresses of exceptional interest. The following are the names of the graduates: Ida Michelson, Anna Brown, Marie C. Cronin, Agnes Pratt, Anna S. Doyle, Lucy S. Doyle, Mary M. Doyle, Anna Graners, Rosamond Philo, Bertha Hautke, Louisa Hease, Marie Owens, Myrtle L. Hill, Augusta Kruger.

THE Training-School of St. Luke's Hospital, Chicago, held graduating exercises on the evening of June 24.

PERSONAL

MISS LINDA RICHARDS has resigned as superintendent of nurses at the State Hospital for the Insane at Taunton, Mass., to organize a training-school at the State Hospital for the Insane at Worcester, Mass. This makes fourteen official positions in the thirty years since Miss Richards graduated from the New England Hospital as the pioneer nurse of America. With but two or three exceptions Miss Richards's work has been that of an organizer.

During Miss Richards's administration at Taunton a beautiful home for the nurses has been built entirely detached from the hospital. A new home has just been completed at Worcester which will be occupied when the school is organized on September 1.

Miss Richards will be succeeded at Taunton by Miss Harriette M. Seaver, a graduate under Miss Richards at the Boston City Hospital.

THE superintendents of the training-schools for nurses of Boston and vicinity have banded together in a most delightfully informal way to meet for "shop talks" on timely and interesting questions. The whole element of formality is eliminated. It is not called a society; there are no officers, no dues, no stated time or number of meetings, and no formal business transacted except to nominate a chairman or manager, who makes all arrangements for the next meeting, which convenes at the call of the chairman. The bill of expenses is presented at the meeting by the chairman and the members present assess themselves p. r. n. Miss Lucy L. Drown, of the Boston City Hospital, is the first chairman.

MISS SARA E. PARSONS has resigned her position as superintendent of nurses at the Adams Nervine Asylum, Jamaica Plain, Mass., to go abroad for a year of travel and study. She is to visit Norway, Sweden, Denmark, and Russia before settling in Germany for the winter. Miss Sara Bowen, who has been matron at the Haymarket Relief Station, Boston, is to succeed Miss Parsons at the Nervine. Miss Bowen is a Boston City Hospital graduate.

MISS MARY R. SHAVER resigned her position as superintendent of Providence Hospital, El Paso, Tex., in August to accept a similar one in Gray Street Infirmary, Louisville, Ky. Miss Shaver has been a conscientious and faithful worker in the hospital and Training-School for the past year, and great success has been the result. She has won many friends, who wish her every success in her new field of work.

MISS ALICE M. STEEVES, D.D.S., has recently finished the "summer course" in bacteriology at the Harvard Medical School, and has been given a place in the Sears Laboratory of the Harvard Medical School to continue her researches along her line of work. Dr. Steeves is also a graduate of the Massachusetts General Hospital Training-School for Nurses, Class of 1891.

MISS F. MCDIARMID, a graduate of the Class of 1900 of the Kingston General Hospital, who has been operating-room nurse in the Royal Victoria Hospital, Halifax, leaves on August 1 to take the position of assistant superintendent in the Delaware Hospital, Wilmington, and Miss May Montgomery, of the Class of 1903, takes the position of night supervisor in the same institution.

MISS NELLIE M. CASEY, 2210 Walnut Street, Philadelphia, and secretary of the Alumnae Association of the University of Pennsylvania, sailed for Europe on June 4 to be gone all summer. While abroad she will visit Norway, the "Land of the Midnight Sun," Denmark, Holland, Germany, Austria, Paris, and London.

MISS A. LOUISE DIETRICH, of New York City, has accepted the position of superintendent of Providence Hospital, El Paso, Tex. Miss Dietrich has been head nurse at the hospital the past eight months and has done some very good work in the Training-School.

MISS MENIA S. TYE, graduate of the Toronto General Hospital School for Nurses, of the Class of 1892, has received a degree from Alma College, St. Thomas, Ont., in domestic science. Miss Tye is in charge of the Amasa Wood Hospital of St. Thomas.

MISS ALICE ASHLY has resigned as superintendent of the Indianapolis City Hospital Training-School after six years of faithful service. Miss Cora V. Nifers, the assistant superintendent, has also resigned.

MRS. L. W. THURMAN has resigned her position at Springfield, Mass., and will assume the duties of principal of the Training-School at the City Hospital, Cleveland, O., on September 1.

MISS JEANETTE E. LARSEN has been appointed superintendent of the Training-School of the City Hospital, Minneapolis, Minn., in place of Miss Bertha Erdman.

MISS ALBERTINE MACFARLANE (Toronto General) has been appointed lady superintendent of the General Hospital at Medicine Hat, N. W. T.

MISS M. STEWART (Toronto General), superintendent of the Marion Sims Hospital, Chicago, has been spending the summer abroad.

MISS ANNIE I. BROWN and Miss Florence Davis (Toronto General) have been in Europe for several months.



THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



AN APPEAL FOR A NURSING MISSIONARY

BY MISS EMERY

Church Missions House, 281 Fourth Avenue, New York City

I AM most anxious to bring before the St. Barnabas Guild for Nurses the need of a missionary nurse in the Elizabeth Bunn Memorial Hospital in Wuchang, China. Such a nurse, going as a missionary to a missionary hospital, should be not only a graduate and well-equipped nurse, but a communicant of the church, with the true missionary spirit at heart. This combination is what we have found difficult to meet with, and what we are hoping for in bringing this matter to your notice.

Wuchang is one of the walled cities of China, of two hundred thousand inhabitants, situated six hundred miles up the Yang-tse River, and is one of our finest stations. There, on the general missionary compound, we have the Church of the Nativity, the Boone School for boys, the Divinity School for theological students, St. Hilda's School for girls, the Clergy House, Guest Rooms, houses for the missionaries, St. Peter's Hospital for men, and this Elizabeth Bunn Hospital for women and children. Four missionary clergymen are stationed at Wuchang, two physicians, three married and two unmarried ladies. One of the physicians, unmarried also, is Dr. Mary Glenton, who has charge of this women's hospital. For more than a year she has been pleading with us for a nurse to come to her assistance. A year ago this summer her bishop, Bishop Ingle, reported that she had had no trained Chinese assistants, though at that time she was hoping for one, while also earnestly desiring a trained nurse, hoping that she would have one come to her by September last; but that trained nurse has never yet been found.

The last report from the bishop, printed last fall, says that Dr. Glenton had been conducting two clinics for women and children, one at the hospital gate five times a week, the other far away across the city three times a week. The whole number of new cases at the two places was seventeen hundred and twenty-two, while the return visits of patients amounted to two thousand six hundred and sixty-one, and the doctor had made one hundred and thirty-seven visits to patients in their homes. Fifty-one women and children had been taken into the hospital and forty-four dismissed cured, while sixty-seven minor operations had been performed.

Since this report was written Dr. Glenton has had a very severe illness, as might be expected when she has had so little assistance in her work and has the study of a difficult language to pursue, as well as the labor entailed by her duties as a missionary physician.

When one considers this woman working so alone at such a distant outpost,

it seems that this is almost enough to tempt someone to volunteer to go to her aid. But this does not seem the only appeal that the work in Wuchang offers. It is a great opportunity for a Christian woman to give loving service among a poor, ignorant, and heathen people, and to be one of the few lights shining in that dark country, showing out Christ's love in the world. A nurse *here* is one of hundreds or thousands. She is lost sight of, almost, among the many whose services may be called upon. She has her opportunities for good, and may follow here, too, the example of our Lord in caring for the sick and suffering; but *there* there are so few, and each one seems to play an important part in this glorious work, and there are such thousands and millions of people among whom the help of the few must be divided.

It would be a great delight to us should some earnest member of St. Barnabas Guild volunteer for this service. That is one reason why I write this letter. Another is, that should such an one be found, the guild itself might claim the privilege of supporting her in the work. The salary of a nurse in China would be five hundred and fifty dollars for the first three years, the sum raised from time to time as the years go on. Should no nurse offer at present, would the guild be inclined to make an offering of this kind in the direction of missionary work? I would suggest that Miss Mason, stationed at Tanana, on the Yukon River, Alaska, is one known to many among them. The *May Spirit of Missions* contains an article on the work that she finds to do in that isolated mission field, so different from crowded Wuchang, where a few straggling visitors and the little Indian village claim her care, but yet which needs the same devotion and the same Christian spirit which our nurse for China needs. We should be glad to have the prayers and the help of St. Barnabas Guild—prayers for all this work, wherever it may be found, help as the guild may be able to render it by the offer of an individual nurse, or by the offer of support, or both.

WE so often receive letters asking how one may become a member of the Guild of St. Barnabas and what the object of the guild is that, in spite of the article which appeared in our department for January, 1902, and also of those discussions of the subject in the form of papers read at the council in Philadelphia and later printed in several issues of the JOURNAL, a few words may not be amiss.

The object of the guild is twofold, religious and social. It is intended to strengthen nurses in their work by a common bond of association and sympathy, and also to cheer them when they are at leisure by some social stimulus.

The members are nurses in training or graduates of recognized hospitals, and the associates are both clerical, medical, and lay.

Each branch has a given time and place of meeting, at which a religious service is followed by a social hour.

The members need not be churchwomen, though the associates are required to belong to the church.

Many people ask: "Does it do you any good to belong to the guild? Do you make anything by it?"

In our own opinion we have made a good deal by it, and that not to be reckoned in material dollars and cents, for to the guild many of us owe spiritual support, religious counsel, friendly sympathy, and last, but by no means least, many a thoroughly good time.

It is certainly of much use in travelling, as a strange member who goes

to a city in which there is a branch of the guild may find friends and companionship.

If *esprit de corps* be ever desirable, it is certainly among nurses, and our association is one more way of developing that valuable spirit.

As to the sick relief associations which exist in some of the branches, we do not intend to expatiate on them, as a lengthy article will appear on that subject in a later issue. All inquiries as to the feasibility of membership should be addressed to our secretary general, Mrs. William Reed Howe, 252 Main Street, Orange, N. J.

ORANGE, N. J.—Each annual festival seems to possess a charm of its own which lifts it above all other meetings and makes it each year more enjoyable and more significant to all present. We met at St. Mark's Church, West Orange, at eleven A.M. for the celebration of the Holy Communion, the chaplain general being the celebrant, five other priests being present, including, of course, our own chaplain. The service was choral throughout, the address being made by the rector of the parish, Rev. F. Reazor. We regret that every member of the guild could not have the privilege of listening to his address, which, starting without a text, described in the clearest and most convincing language the why and the wherefore of the guild, just what it does stand for. It was a most valuable lesson to all present, and the number who were able to attend was notably large. Six associates were admitted, chiefly coming from our new friends in Bloomfield. A business meeting immediately followed and the election of officers, those of last year being reelected, with the addition of an assistant treasurer and the delegates to the Annual Council—Miss Benz, active member, alternate Miss Cora Swain; Mrs. E. White, Bloomfield, associate delegate, alternate Miss Ida Clark. Bishop Whitehead was called upon to address the meeting during the counting of the votes, and by his kind words of encouragement inspired us to further efforts during the coming year to maintain the standing of our branch; it was, indeed, a privilege deeply appreciated that we should have had him with us this year. At the conclusion of the meeting the members were requested to adjourn to the church lawn until the committee in charge had time to arrange the luncheon, which had been planned in honor of the bishop's coming. In a very short space of time they were recalled and found the room arranged with small tables, which were quickly filled by sociable parties, and many an old friend was warmly greeted after long absence. About one hundred and twenty sat down to one of the most delicious luncheons that was ever served, and we presently separated feeling how good these reunions are, from the social as well as the religious point of view, which, according to Mr. Reazor, are so inseparable that they are one and the same thing if viewed in the proper light. We are glad to be able to report that Miss M. E. Johnson is convalescing rapidly from her severe illness and is about to leave Orange for change of air. Miss S. Evans has accepted a position in the Vassar Brothers' Hospital and is well pleased with her new work. We are pleased to announce the marriage of one of our members, Mrs. M. L. Smith, to David Curtis Fitzpatrick, on June 30, in East Orange.

THE article in the July number of the JOURNAL written by "Orange," putting forward the great need of a fund for helping nurses who are unable to continue their profession, should interest all members of the guild. Why it should be considered such a very selfish thing for nurses to be interested in

their own future I cannot imagine, but so it is, and at the last council meeting of the guild, when the subject of some central object that we could all work for was under discussion, Boston was apparently the only branch which thought the members ought to work for themselves. People outside of the profession never take into consideration the short space of time during which a nurse may be able to work. Unlike members of any other profession, instead of her value increasing with age and experience, it is quite the reverse. One reason is that the supply of nurses much more than meets the demand, and will continue to do so as long as every little hospital has its own training-school, as is the custom now; another that the majority of sick people prefer young nurses, which perhaps is not to be wondered at. A surgeon was heard to remark the other day that he did not care to have a nurse on one of his cases who had graduated more than a year, which, of course, was a very foolish thing to say, but goes to prove that the nurse doing private work has not much to look forward to. There are generally institutional positions open for those who are suited to them, but the salaries as a rule are small. It is a strange fact that though we hear so often of large sums of money being left to hospitals and medical schools, so little interest seems to be taken in either the education or the future welfare of the nurse, though I think in these days no one would deny how important she has become to the public. So far all that has been done *for* nurses has been done *by* nurses. I have no idea to suggest as to how this plan of a central fund could be carried out, but no doubt that would be easily arranged if we could only be sure of the interest and coöperation of every member of the guild.

BOSTON.

ALL contributions for the guild department of the JOURNAL should be sent in by the fifth of the preceding month, and we shall be glad to hear not only from the branches, but from any associate or friend of the guild.



OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF
MARY E. THORNTON



IMPORTANT

[The Editor-in-Chief, Miss Palmer, will be at her summer home at Forest Lawn, Monroe County, N. Y., until September 10. Contributions may be sent directly to her at that address. Contributors are reminded that reports must be in the hands of the department Editor, Miss Thornton, not later than the twelfth of the month preceding the date of issue.]

PROMPT REPORTS

WE must again ask our contributors to send reports and announcements earlier in the month. Where meetings are held within the first ten days of the month there would seem to be no excuse for secretaries not sending the reports before the twenty-third or later, when the JOURNAL has gone to press; consequently such matter held over until another month is stale reading. We must also request contributors to write on one side of the sheet, leaving a margin at the top and left side, for title, department, page number, etc. Items of news sent in a personal note to the editor are very likely to be overlooked in the pressure of work. Inclose such items on a separate sheet and the danger of omission will be avoided and the editor saved much clerical work. We would also suggest that in making up reports of regular meetings all mention of regular routine business shall be omitted. The name and address of the writer must accompany all reports, and no item of news will be published in the JOURNAL unless the sender affixes her name. Such signature is not for publication, but that the editor may know news to be authentic and sent in good faith. All manuscript should be sent directly to the editor, and not to the publishers.

All subscriptions and changes of address go direct to the publishers.

NORTH CAROLINA STATE NURSES' ASSOCIATION

THE first annual meeting of the North Carolina State Nurses' Association convened in Asheville June 9 to 11. The evening session was called to order at eight P.M., the president in the chair. In the absence of the secretary one was appointed *pro tem*. The formal addresses were postponed till a later meeting. After roll-call the minutes of the last meeting were read and approved. The constitution and by-laws were read and discussed, all unadopted sections being adopted, adding one on honorary members and dropping, after six months, the clause admitting nurses of long experience not holding diplomas. The second session began at ten-thirty A.M., twenty members being present. The Committee on Ways and Means read the incorporation act of the society, also gave a little sketch of the bill for State registration and told of the hard fight in the Senate. Papers on "Preparatory Instruction and Higher Education of Nurses" were read and discussed. The president expressed the hope and belief that a preparatory course especially for nurses could be arranged at the State Normal College,

centrally located at Greensboro', and well equipped to give the necessary instruction, and that most nurses could be induced to take the course. The Printing Committee showed much work done: One hundred copies of booklets containing constitution and by-laws, together with the Nurses' Registration Act for 1903. Blank forms of certificates for issuing licenses to nurses were made out, printed, and a copy sent to each county, ninety-seven in all. A letter was written to each Superior Court clerk, asking him to return to the secretary of the State association the extra slip attached to each certificate. With this we can keep strict account of all nurses registered. Association stationery was printed and notices of meeting sent to journals and the public press as well as to members. After an explanation of the need of a Board of Examiners an election took place, as required by law, resulting as follows: Mrs. M. H. Lawrence, Rex Hospital, Raleigh, N. C.; Miss Constance E. Pfohl, Winston-Salem, N. C., and Miss M. L. Wyche, Raleigh, N. C., were elected—term of office three years. After discussion, it was decided that the association could not afford to send a delegate to the International Congress in Berlin in 1904. Work was resumed at eight-thirty P.M. Dr. Williams delivered the address of welcome; Miss Wyche responded; Senator Webb explained the nurses' recent Registration Act; several physicians of Asheville made short talks; then followed a reception, which was much enjoyed by all present. At the next business meeting the Membership Committee showed seventeen new members. Application blank and membership card were adopted. A committee was appointed to report at the next meeting on books on parliamentary law. All the officers were reelected except the treasurer, Miss Henderson, who resigned; Miss Evans, of Asheville, was elected to succeed her. The visiting nurses were heartily welcomed and royally entertained by the Asheville nurses. A trolley-ride to Overlook Park occupied one morning; a tally-ho drive over the Vanderbilt estate one afternoon. Miss Marie Reese, an associate member of St. Barnabas Guild, gave the association a five-o'clock tea at her home at Kenilworth Inn, which was greatly appreciated and thoroughly enjoyed. Special service by Dr. DuBoze, chaplain of St. Barnabas Guild, at Trinity Church, closed the convention, which adjourned to meet in Raleigh in May or June, 1904.

ANNA LEE DEVANE, Secretary.

RALEIGH, N. C., July 7, 1903.

CONTRIBUTIONS RECEIVED TOWARDS TEACHERS' COLLEGE COURSE
DURING JULY AND AUGUST

Mrs. James Crosby Brown, through Miss Maxwell	\$100.00
Miss Jennie M. Ferguson	10.00
Mrs. W. M. Barnam, through Miss Ferguson	25.00
Miss C. M. Smith, through Miss Ferguson	10.00
Miss Frances A. Stone	10.00
Miss Jennie Stetson	10.00
A Friend	3.00
Associated Alumnae of the United States	113.11
Mr. I. H. Robb	10.00
Miss Sophia F. Palmer	8.00

\$299.11

MAUD BANFIELD, Chairman.

SPANISH-AMERICAN WAR NURSES

THE meeting of the Spanish War Veterans at New Haven, to which the Spanish-American War Nurses are invited, is to be held on September 28, 29, 30 instead of on the earlier dates previously announced.

ANITA NEWCOMB MCGEE.

MEETING OF THE PENNSYLVANIA STATE NURSES

A MEETING of the Pennsylvania State Nurses' Association will be held in Pittsburg on October 5 and 6, and graduate nurses are earnestly requested to attend. Further particulars will be given in the October number.

S. H. FULLOM,
219 South Thirteenth Street,

A. H. MADEIRA,
St. Mark's House, Seventh and Spruce,

A. H. SHUK,
Presbyterian Hospital, Thirty-ninth above Market Street, Philadelphia,
Publication Committee.

ANNUAL MEETING OF THE SUPERINTENDENTS OF TRAINING-SCHOOLS

THE coming convention of the American Society of Superintendents of Training-Schools, which is to be held in Pittsburg on Wednesday, Thursday, and Friday, October 7, 8, and 9, promises to be of unusual interest. The convention will open on Wednesday morning, October 7, with prayer, at ten A.M., by the Rt. Rev. Bishop Whitehead, United States chaplain of the St. Barnabas Guild for Nurses. Addresses of welcome will follow from the Rev. Maitland Alexander and Dr. J. H. McClelland. Following these will come the address of the president of the society, Miss Ida F. Giles, superintendent of nurses of the Homœopathic Hospital, Pittsburg, Pa.

The details of the programme are not yet fully arranged and some unavoidable changes have been made in that originally drafted, so that it is impossible at the present date to publish the programme exactly as it will stand at the convention. We hoped to have a paper presented on hospital construction by a very well known and prominent American architect, but owing to the fact that the American Institute of Architects holds its meeting on almost precisely the same dates in Cleveland, O., a doubt has just arisen as to our ability to carry out this very valuable feature of the programme. The other subjects which will be presented are: "The Power and Responsibility of the Society in Public Action," by Miss L. L. Dock; "The Better Teaching of Hygiene in Training-Schools for Nurses," by Miss McIsaac; "Some Common Weaknesses in Hospital Construction," by Miss Anna M. Goodrich, of the New York Hospital. Wishing to have as many suggestions as possible as to methods of bringing the "Study of Current Events" into our training-schools, it has been proposed to place this subject in the hands of three members of the society, asking that each of them will present a brief paper. It is expected that on the afternoon devoted to the description and demonstration of new nursing methods and appliances subjects will be presented which will prove unusually interesting and valuable. The authorities of the Western Pennsylvania Hospital have kindly placed their amphitheatre at the disposal of the society for this demonstration,

and the president authorizes me to make the following statements to the members of the society:

The meetings of the convention will be held in the Hotel Schenley, St. Pierre Street, between Fifth and Forbes. She also recommends the Monongahela House, Smithfield and Water Streets, or the Hotel Henry, Fifth Avenue, above Smithfield. The rates are from one dollar and fifty cents to three dollars per day at any of these.

It has not been possible yet to ascertain definitely as to special railway rates, but members will be notified concerning this later. The president mentions some interesting places which will be opened to the members of the society to inspect, and refers to some things in the way of entertainment which make it clear that an attractive session is before our members.

The council will meet on Tuesday, October 6, on the day preceding the opening of the convention. Special notice will be given later of the hour and place.

All further notification concerning this meeting will be found in the October number of the JOURNAL.

M. A. NUTTING, Acting Secretary.

BALTIMORE, MD., August 20, 1903.

Owing to the impossibility of securing suitable accommodations for the members of the Society of Superintendents at the coming convention in Pittsburgh in October, it has been found necessary to change the dates from those already fixed upon, Wednesday, Thursday, and Friday, October, 14, 15, and 16, as announced in the July JOURNAL, to the previous week, Wednesday, Thursday, and Friday, October 7, 8, and 9. The council will meet on Tuesday, the 6th. Full notice of the meetings will be sent later to each member.

M. A. NUTTING, Acting Secretary.

REGULAR MEETINGS

BROOKLYN.—On June 26 a special meeting of the Associated Alumnae of the Methodist Episcopal Hospital Training-School was held at the Methodist Hospital, Brooklyn. Miss Waterman, the president, presided. Dr. Kavanagh, superintendent of the hospital, addressed the meeting concerning the endowment of a room for ill nurses. After much discussion of plans it was voted to endow a room in the new building at a cost of twenty thousand dollars. Much enthusiasm was shown. At the close of the meeting over a thousand dollars was pledged.

BOSTON.—At the annual meeting of the New England Hospital Training-School Alumnae, held May 29, the following officers were elected: President, Miss D. Hodgins; first vice-president, Miss Mary C. Hall, Forest Hills Street, Jamaica Plain; second vice-president, Miss Beulah Walker; third vice-president, Miss Bertha Griffin; secretary, Miss A. Dillet; treasurer, Miss Sarah Beatty, 56 Clarendon Street, Boston. Please send all dues to the treasurer at the above address. The monthly meetings are adjourned until the second Saturday in October. This society opened its Nurses' Club-House on July 6. Nurses desiring rooms can see them at any time. Nurses coming into town for over night will be accommodated. The house is cool and yet has a sunny exposure. Nurses rooming at the Club-House will have all the comforts and privileges of a home. For further particulars apply in person or by letter to Miss A. Dillet, secretary and treasurer, New England Hospital Nurses' Club-House, 13 Denver Street, Roxbury.

ST. PAUL, MINN.—The Ramsey County Graduate Nurses' Association at its regular monthly meeting on July 6 discussed the feasibility of introducing State registration as a requisite for the practising of the profession of nursing in Minnesota. Persons who have had but a few weeks, instead of three years, of hospital practice have been found passing themselves off as trained nurses in the State, and it is hoped by the members of the association that this might be prevented by legislation, as it has been in four of the other States.

NEW YORK.—The alumnae of Lebanon Hospital held a meeting on the evening of June 30 to welcome the graduating class as members. Miss Rose Saffir addressed the class. Refreshments were served, after which the graduates entertained the pupils.

NEW HAVEN.—The thirteenth annual meeting of the Connecticut Training-School Alumnae was held on Tuesday, June 2, at Mansfield's Grove. After the reports of the various committees were read and accepted the following officers were declared elected: President, Mrs. J. A. Bergh; first vice-president, Mrs. M. J. C. Smith; second vice-president, Miss Rosabel Atwater; secretary, Mrs. Isabella A. Wilcox; treasurer, Mrs. Henry Fleischner. At the conclusion of business and adjournment of meeting those present enjoyed themselves upon the beach or strolled through the shady grove until summoned to the banquet-hall, where a fine shore dinner awaited them, to which full justice was given, thereby voting their approval of the same. The past year has been a successful one, both in our ability to assist sick members, and in the accession of many names to the membership roll.

PHILADELPHIA.—The second annual meeting of the Nurses' Alumnae of the Methodist Episcopal Hospital of Philadelphia was held at the hospital on May 29, 1903, at three P.M., with the president, Miss A. Wiswell, in the chair. Twenty-four members responded to roll-call. Resolutions were passed on the death of Mr. Gillinder, president of the Board of Trustees of the hospital. Miss L. Kurath was elected delegate to the convention of the Nurses' Associated Alumnae. Letters from a number of absent members were read. The election of officers for the ensuing year resulted as follows: President, Miss Lena Townsend; first vice-president, Miss Eva Welty; second vice-president, Miss Edith Hardcastle; third vice-president, Miss Emma Stern; treasurer, Miss Edith Wetherill; recording secretary, Miss Sarah Balsbaugh; corresponding secretary, Miss Louise Kurath. The business meeting was followed by an interesting address by Miss Wiswell, the retiring president, after which Miss A. Müller, of the Class of 1898, favored us with a piano selection. Dr. Alice M. Seabrook, our former directress of nurses, then made a short address. A short talk was also given by Mr. O. R. Edwards, superintendent of the hospital. Miss E. Wetherill, of the Class of 1897, read a bright and interesting paper on "The District Nursing of the Witherspoon Nurse," and Miss F. Adams, of the Class of 1895, gave an interesting report of the convention of the Spanish-American War Nurses. In the evening the graduating exercises were held in St. Luke's Methodist Episcopal Church. Twelve nurses graduated. After the exercises a reception was held in the hospital, which many of the alumnae members attended. Refreshments were served and a pleasant social time was enjoyed.

NEW YORK.—A meeting of Camp Roosevelt was held on August 3 at three P.M. at the club-room, 155 East Eighty-third Street. The meeting was entirely social, therefore no business was transacted. It was decided that Camp Roosevelt would not be present at the San Francisco meeting in August, but it was unanimously agreed on that all members would endeavor to accept the invitation of the Spanish War Veterans to join them in New Haven at their meeting in September. All nurses wishing to become members of Camp Roosevelt can do so by writing Mrs. K. W. Eastman, Box 175, White Plains, N. Y., and enclosing fifty cents for dues and one dollar for the badge. The next meeting will be held at the club-rooms as usual, on the first Monday of the month, which will be September 7, at three P.M. Members will please note this, as no further notice will be given.

DANBURY, CONN.—The last meeting of the season of the Graduate Nurses' Association of the Danbury Hospital was held June 18, at the office of Dr. Annie K. Bailey. The special order of the day was an interesting paper by Miss Mary Durnin on "The Trained Nurse in General Practice." Excellent counsel was given the members present of the graduating Class of 1903, to which was added, during discussion, valuable suggestions by the nurses in active practice. Miss Eleanor Brown presented an excellent report of the recent convention of nurses in Boston, quoting from one of the speakers, who said that the nursing profession was a fine illustration of the truth of Emerson's words, "The youth who surrenders himself to a great ideal, himself becomes great." It was voted that turquoise be the color and precious stone of the association. It was voted that the association meet every Thursday afternoon at the office of Dr. Bailey during vacation for instruction and practice in parliamentary law. Miss Susie Weichert was appointed by the chair to give the address of welcome to the new graduates at the September meeting, and Miss Emma Corbin to make the presentation of the constitution and by-laws of the association. The meeting adjourned to meet September 18.

BUFFALO.—The last regular meeting of the summer season of the Erie County Hospital Alumnae was held at the home of one of the married members, Mrs. Gustin Welch, of 550 Main Street, Niagara Falls, N. Y. The meeting opened at three-thirty P.M., with the vice-president, Miss Ellen Mullett, in the chair. Routine reports were presented and business transacted. The attendance was fairly good and no more work done than was necessary, as each one was anxious to get out in the park, down at the falls. Miss Annie Damer was elected an honorary member of the association, and at four-thirty P.M. the meeting adjourned until the first Wednesday in September. At six-thirty Mrs. Welch served a delightful repast, to which all did justice, and in the evening Dr. Welch gave an instructive talk and demonstration of the X-Ray machine.

PROVIDENCE.—The Rhode Island Hospital Nurses' Alumnae held its annual meeting on June 16 at Roger Williams Park Casino. Supper was served at seven P.M., toast-mistress, Miss H. B. Pearce. The toasts were responded to in the following order: 1, "Our Guest," Miss W. L. Fitzpatrick; 2, "Our Retiring President," Miss K. Quinn; 3, "Our Married Members," Mrs. Brown; 4, "Our Absent Members," Miss S. Irish; 5, "The Army Nurse," Miss M. J. McPherson; 6, "Our Training-School," Miss Lucy C. Ayers; 7, "Our Alumnae," Mrs. Gowing.

The supper was followed by a business meeting, the vice-president, Miss Pearce, in the chair. A very interesting report of the convention of the Associated Alumnae was given by Miss McPherson, one of the delegates to the convention. Officers for the coming year were elected as follows: President, Miss H. B. Pearce; vice-president, Miss E. F. Sherman; recording secretary, Miss M. J. McPherson; corresponding secretary, Miss E. F. Fleming; treasurer, Miss W. L. Fitzpatrick; Visiting Committee—Mrs. Yuill, Miss Grieve (H.), Miss S. Lowden, Miss M. E. Gillespie, Miss M. Gardiner, Miss B. Ross.

NEW YORK.—A special meeting of the New York Hospital Alumnae Association was held in the lecture-room on June 24 in order to complete some unfinished business, but especially to hear the reports of the delegates who attended the convention in Boston on June 10. The delegates were Miss Frederick, Miss Macdiarmid, and Mrs. Simons. They gave a full and very satisfactory report of the proceedings of the convention and spoke of the hospitality extended by the Boston City Nurses' Club, the Boston City Hospital, and the Guild of St. Barnabas. The delegates were very much enthused, and urged upon everyone the advantage of attending these conventions, and recommended that every nurse should subscribe for THE AMERICAN JOURNAL OF NURSING.

NEW YORK.—The regular monthly meeting of the Lebanon Hospital Training-School for Nurses of New York City was held Tuesday evening at eight o'clock, June 9, 1903. Miss Katie Smyth, acting chairman, called the meeting to order. Letters of regret were read from a number of members who were unable to attend. The roll was then called, and four new members, namely, Miss M. Cronin, Miss A. T. Doyle, Miss M. Doyle, and Miss M. Lourie, were enrolled. The minutes of the last meeting were read and approved. The financial secretary reported an expenditure of six dollars and twenty-five cents for the preceding month. The report of the Investigating Committee on the joining of the New York State Alumnae Association was withheld until the next meeting to await further investigation. A motion was made that the ex-graduates attend the graduation exercises of 1903 in a body, but was not carried. A motion was made that the graduates hold an annual dinner, the date to be decided upon at the next meeting. Carried. There being no further business, the meeting adjourned until June 30.

CHICAGO.—At the annual meeting of St. Luke's Alumnae Association, held on Wednesday, June 3, the following officers were elected for the ensuing year: President, Miss Harriet Fulmer; first vice-president, Mrs. E. B. Hutchinson; second vice-president, Miss Eleanor Eastman; secretary, Miss Anna Louise Pearse; assistant secretary, Miss M. Biller; treasurer, Miss M. Edith Johnstone; Board of Directors—Officers and Rt. Rev. C. P. Anderson, D.D., Dr. John E. Owens, Mr. Horace W. Nichols, Jr., Mr. Louis Curtis, Mrs. Wm. Cuthbertson, Miss Gertrude Phillpotts, Miss May C. Draper, Miss Edith A. Taylor, Miss Anna S. Hipwell.

PHILADELPHIA.—The tenth annual meeting of the Alumnae Association of the University of Pennsylvania Hospital was held on Monday evening, June 1, 1903, at seven o'clock in the Nurses' Home, 3400 Spruce Street, the president, Miss

Rudden, in the chair. Usual routine business was transacted, and the annual reports of the treasurer and secretary were read. Owing to want of addresses, the names of Mrs. Annie Canan and Miss Grace E. Steeves have been dropped from the list of active members. Miss Schulze and Miss Brobson were appointed a committee to draft resolutions of condolence on the death of Mrs. Anna Goemann, née Wacksmuth. The following officers were elected to serve for the coming year: President, Miss Sara Rudden; first vice-president, Miss Katherine Damm; second vice-president, Miss Esther A. Keating; secretary, Miss Nellie M. Casey; treasurer, Mrs. Lucie H. Irwin; sub-treasurer, Mrs. Mary C. Bains. The president's address is as follows:

"DEAR FRIENDS AND FELLOW-WORKERS OF THE ALUMNÆ: To-night we celebrate the first decade of our existence as an association. Ten years! Can you realize it? We started ten years ago with a mere handful of nurses, not one of us knowing aught of parliamentary law or the methods and workings of a society; and while there is still much for each and every one of us to learn, I feel that we have, as compared with other *alumnæ*, progressed.

"As nurses we are busy women,—often too busy,—but let us not be so busy that we have time for nothing outside the sickroom or the hospital. The nurse who wishes to be a success in her profession must keep abreast of the times—be up-to-date in all that concerns nurses and nursing work.

"At present the question interesting most of us is the question of State registration, a question which, I trust, will be satisfactorily answered before the next annual meeting.

"Let each one of us here to-night pledge herself to do all in her power to further this movement.

"There is another subject very near to my heart which I wish to touch on, and that is our 'endowed room' fund. It is being beautifully worked up at present, and if each nurse will do her utmost financially, and use her influence to have her sister nurses do likewise, another year or two ought to see the endowed room a reality.

"As this is our annual jollification night, I will not be too lengthy or too prosy.

"I thank you all for your kindness and courtesy in having reelected me president of the *alumnæ*, and with your hearty good-will and coöperation I hope and trust we will accomplish much during the coming year."

A vote of thanks to the president for her able guidance in the administration of *alumnæ* work was tendered by Miss Brobson, seconded by Miss Casey. All were glad to welcome the honorary members, Miss MacPherson and Mrs. Jaggard, among us. Meeting adjourned until September, 1903. An informal reception to meet the next graduating class of nurses was held. Music and refreshments completed the evening.

INDIANAPOLIS, IND.—The April and May meetings of the Indianapolis Graduate Nurses' Association were not largely attended, owing to pressure of work, but the society is growing in numbers and the members are working up the subject of State registration, and are also considering plans for the endowment of a bed in the hospital for the use of nurses. In place of the regular June meeting a basket picnic was held at Fairview Park, which was attended by twenty-two members.

NORTH ADAMS.—The annual meeting of the North Adams Hospital Training-School Alumnae Association was held at the rooms of Miss Decker in the Darrow Annex Thursday afternoon, July 9. The following officers were elected for the coming two years: President, Adele E. Donica; vice-president, Julia A. Gerry; secretary, Jean W. Nelson; assistant secretary, Gertrude Snyder; treasurer, Inez Decker. Miss Jean Nelson, as delegate to the convention of the Associated Alumnae, held in Boston June 10, 11, and 12, read a very interesting paper which was heard with pleasure by the members present. This was followed by an article on "State Registration," after which the meeting adjourned. The next meeting will be held the first Wednesday in September.

BIRTHS

To Mrs. Robert Earl, of St. John's, N. B., a son. Mrs. Earl is a graduate of the Franklin County Public Hospital of Greenfield, Mass., and was formerly Miss Fanny Bradley.

MARRIAGES

At Chicago, June 1, Miss Annie H. Winship to Mr. John A. Henricks. Mrs. Henricks is a graduate of St. Luke's Training-School, Class of 1899, Chicago.

On June 30, at East Orange, N. J., Mrs. Minnie L. Smith, graduate of the Orange Training-School, to Mr. David Fitzpatrick.

In Holyoke, Mass., May 6, 1903, Miss Eleanor H. Welch, graduate of the Connecticut Training-School for Nurses, Class of 1902, to Ralph S. P. Vining. Mr. and Mrs. Vining reside in Holyoke.

In Warehouse Point, Conn., June 3, Miss Edith I. Bower, graduate of the Connecticut Training-School for Nurses, Class of 1902, to Mr. Burdette Farnham Killam. Mr. and Mrs. Killam will reside in New Haven, Conn.

At Torrington, Conn., June 24, 1903, Miss Florence Linton, of the Connecticut Training-School for Nurses, Class of 1900, to Dr. Clarence L. Kilbourn. At home after July 1, 202 Blatchley Avenue, New Haven, Conn.

On July 8, at the church of Belen, Havana, Cuba, Señorita Maria Seiglie was married to Dr. Carlos E. Finlay. The bridegroom is a son of Dr. Finlay, chief sanitary officer of the Island of Cuba, whose name is so well known through his discoveries in regard to yellow fever. Mrs. Finlay is one of the recent graduates from Hospital Mercedes. She received her diploma with her class on July 1.

On July 22, 1903, Anna Aletta Artley, graduate of the Hospital of the University of Pennsylvania, Class of 1902, to Dr. John Weaver Luther. Dr. and Mrs. Luther will reside in Philadelphia.

On June 30, at the Lock Haven Hospital, Pa., Miss Josephine Griswell, superintendent of the hospital and a graduate of the Hospital of the University of Pennsylvania, to Dr. George Morton, of Philadelphia. At home after December 1 at Moore, Pa.

OBITUARY

THE friends of Mrs. Elizabeth C. Garner, Seney Methodist Episcopal Hospital, Brooklyn, N. Y., Class of 1895, will learn with deepest sympathy and regret of the death of her younger daughter, Mary, at the family residence, 267 Ivy Street, Atlanta, Ga., July 30.

Mrs. Garner came South after graduation, and by her sterling character and excellent work has won the respect and admiration of physicians and patients.

Her daughter Mary bore a long and painful illness with a cheerful patience that touched the hearts of all who knew her. The grief of mother, sister, and brother will be lightened by the memory of the seventeen sunshiny years given them to enjoy.

The tired little body was laid to rest in Greenwood Cemetery, Brooklyn, by her father's side.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

A GENERAL ASSOCIATION OF TRAINED NURSES IN GERMANY

AN observation made several years ago—that the nurses of Germany were nearly all in religious sisterhoods and that it was almost unheard of for them to speak or write on subjects pertaining to their profession, and that organization as we have it was unknown among them—no longer holds good. Within the last few years a great change has been coming over the conditions of life for trained nurses in Germany—a change inevitable with the rapid movement of masses of women towards self-support, and now recognized and accepted by the nurses themselves. *Die Krankenpflege*, a journal devoted to nursing interests, has an extremely interesting article by Agnes Karli giving a history of the forming of a thoroughly modern, independent organization of nurses called the "Association of Professional Nurses of Germany," which was founded on January 11 last, with headquarters in Berlin.

The article says: "The need of an organization for the hundreds of sisters who had withdrawn from the existing orders (viz., those based upon the religious sisterhood system) has been widely realized in the last few years. Though many nurses felt this need, yet the pressure and exigencies of their work allowed only one here and there to speak out upon this subject, but at the meeting of the Council of Women of Germany it was first openly urged by the widow of Professor Krukenberg-Cowze, and the two hundred and thirty representatives of eighty thousand German women definitely asserted their opinion that nursing should be looked upon as a skilled pursuit for women who desired industrial freedom, in opposition to the conservative view that it must either be monopolized by religious or charitable bodies or left to ignorant persons."

Agnes Karli defends energetically the new order of "free" nurses against the reproaches of the older and submissive ideas, and says: "Undeveloped and timid women will do better to remain in the Deaconess or Red Cross orders, where they never have to think for themselves, but it is useless to blind oneself to the rapidly changing conditions of to-day. It is of the first importance to make it possible for all women to find that work which is congenial to them, and numberless women who are eager to devote themselves to some form of service to their fellow-men find the limitations of the Deaconess and Red Cross Sisterhoods too narrow."

"Above all things we wish in our organization to preserve personal freedom and self-government on a rational basis."

The association has for objects the advancement of every interest pertaining to nurses, including a directory, a bureau for positions wanted or offered, information and advice to nurses, sick benefit funds, and so on.

The organization provides for affiliated groups in all parts of Germany and also among German nurses elsewhere.

Another article in the same journal by Elsbeth Krukenberg is called "The Reform of the Conditions of Nursing," and Agnes Karli contributes still another on "The Necessity of Provision for Old Age for the Nurse."

These papers, which are well worth translating if space allowed, discuss most earnestly and courageously the rightful discontent and the terrible overworking through long hours, and the often evaded responsibility of the religious houses in the care of aged sisters.

LETTERS

LETTER FROM CAIRO

SHARIA, KASR-EL-NIL, CAIRO, EGYPT.

... As the new Anglo-American hospital is about to be advertised in England, America, and Egypt, a slight account of it may prove of interest.

The hospital, which is in process of building, is a short distance from the Kasr-el-Nil bridge, in a beautiful locality,—the Nile on one side and a tributary on the other,—while to the front are the grounds of the Kedivial Sporting Club, with golf links, tennis courts, croquet grounds, and polo. Overlooking these is the Ghezireh Palace, now used as a high-class hotel, with its beautiful grounds, luxuriant and gay with tropical plants and flowers interspersed with statuary. In the opposite direction the electric tram runs from the bridge to the Pyramids, which are seven miles out, completely surrounded by desert, with the everlasting Sphinx. These are best seen by moonlight, and many trips and parties are made up to visit them in the full of the moon. I have been there while the Nile was high, when earth and sky blend into glorious shades and cast exquisite tints on the water.

The inhabitants are very varied, consisting of Arabs, Berbers, Greeks, Copts, Syrians, and what is termed the Fellaheen, countrymen or agriculturists. The style of dress is very simple. The Fellaheen men and women alike wear an undergarment of nondescript pattern and a garribiya, the latter like a plain nightgown with open chest; children wear the garribiya only, and occasionally when arrested it is comical to see them slip out of the garment and run away naked, the policeman left with one or two empty garribiyas, looking quite like a picture for *Punch*. The women wear a face-covering called a yashmack, with just the eyes visible. The roads are very bad for pedestrians, but driving is cheap and the aribiya (carriage) is invariably drawn by a pair. Closed carriages are only used by ladies of the harem (hareem), and are called hareem carriages. The Zoölogical Gardens are considered almost the prettiest in the world, situated in Gizeh, two and a half miles by electric car from Kasr-el-Nil Bridge. There are other short trips to the Barrage, the ostrich farm, etc., then there are the mosques, palaces, and the Citadel, which is famous for the Mameluke's leap and other historical events, and the Museum, which is stored with ancient, mediæval, and modern Egyptian history for some seven thousand years.

There is very little to be said about the hospital as yet. It was built through subscription for a Queen Victoria Memorial, Sir Earnest Cassell being a very generous donor (as he is to most worthy charities) and President Roosevelt one of the patrons. It is not a large building, being intended to accommodate English and Americans, but I believe that under certain conditions natives will be admitted. The management, staff, etc., will be pretty much after the manner

of the Women's Hospital in Manila. The salary will scarcely tempt American nurses, but second-class return expenses will be paid. The servants must be natives, for even the most clever housekeeper (European) cannot do shopping in the bazaars, as that particular part of Cairo is completely Arab, and the Arab nature is a complete network of bargaining, cheating, and lying, yet he is the most interesting, simple, and happy individual created. Of course, at first it is very difficult to make oneself understood, as it takes some time to remember that *esh* means bread; *zebda*, butter; *lebban*, milk; *béd*, egg; *fiḡān*, cup or bowl; *sekkīn*, knife; *shōka*, fork; *foota*, napkin, towel, or tablecloth; *sintya*, tray; *soffragy*, waiter; *lamurgy*, male-nurse; *arbāgy*, coachman, etc. As there is no spelling or reading (simply phonetic), it is a difficult language to learn and can only be taught by a native; *f* is pronounced as *ee* and *ai* as *i*; Port Said, for instance, is pronounced *Side*, and *ē* like *eh*.

As far as I can judge, nurses do not hold a very high standing in Cairo. As compared with other places, there is decidedly less respect shown towards the nursing profession, and the sentiments expressed by one or two doctors on nurses generally was quite a surprise to me. Whether the fault lies with the nurses themselves or with the doctors for failing to see that the nurse is accorded the courtesy due to her professional ability I am unable to judge; probably there are faults on both sides. I consider nursing homes, both in England and elsewhere, very disastrous to the standard of nursing. Either a private party or a company start a nursing home, which they usually transform into a huge money-making scheme, paying the nurses between twelve dollars and a half and thirteen dollars per month. Many nursing homes get all kinds and classes of nurses on their staff, some with a year's training, some with no training at all save the London Obstetrical Society certificate. Nurses who could not by any remote possibility stand on their own legs (so to speak) find a permanent though cheap post in a nursing home. Of course, there are also many first-class and very excellent nurses to be found in a home, probably brought there through misfortune, as it is very difficult for individual nurses to make a living while doctors claim that at any time they can get some kind of a nurse from this or that staff. It seems to me that this system will only tend to bring the nursing profession gradually though surely down the social scale. For my part, I have tried a temporary post in three nursing homes and am equally disgusted with all. Doing private practice is more conducive to respect and keeps the profession from being overcrowded with women who only bring discredit on us. . . .

The trip to Cairo is delightful. I came by the *Norddeutscher Lloyd* and stopped two days in Genoa. . . The scenery through the Straits of Messina is perfectly exquisite, the most beautiful of the whole trip. . . . While waiting at Ismailia on no account take lunch or dinner, lest you regret both the price and quality.

. . . Hotel life is rather expensive. The Savoy is royal; Shepherd's, the Savoy, and the Ghezireh Palace are wealthy Americanized hotels; next comes the Grand Continental. The Angleterra is very popular without ostentation: it has comfort with less expense. Mena House and the hotels in Helonan are decidedly health resorts, and during the season keep a resident nurse. Helonan is the present-day fashionable health resort: with its pure desert air, sulphur and electric baths, and short distance from Cairo it is likely to hold its own for some time to come. . . . Europeans who are obliged to remain here over the summer generally camp out on the desert during the two hottest months, and amuse themselves with lounging around or digging for beads and other relics.

ITEMS

HOURLY NURSING IN ENGLAND

THE Marylebone Daily Visiting Nursing Association has the excellent object of providing a visiting nurse to attend paying patients in the district of Marylebone by the hour. It is unquestionable that the services of such a nurse are of great value, and probably the only reason why nurses have not taken up this kind of work more extensively is that without a backing, such as is afforded by a society, it is somewhat precarious as a means of livelihood. The Marylebone district, where there are so many flats and small houses, seems exceptionally well fitted for the experiment, for the visiting nurse in this country has scarcely yet passed the experimental stage, and we wish it all success.

"LIVING WAGE OF THE DISTRICT NURSE"

Nursing Notes says: "We are glad to see that the 'Living Wage of the District Nurse' was the subject of a recent article in a contemporary, for it is one which much needs ventilation. It is only necessary to study the columns of advertisements in any paper to see how the rage for cheapness has spread through the length and breadth of the land, and that really well-meaning philanthropists are amongst the greatest sinners in this respect as regards the sweating of the district nurse. There are some good people who seem to think that by securing a nurse at a pittance which is emphatically not a living wage they are providing for the parish needs and doing the right thing all round. It is left-handed charity, this, with a vengeance, for it is undoubtedly true that the under-paid nurse is either inefficient, and therefore unable to obtain better-paid work, or she is wrongly attempting to maintain herself on a yearly sum which cannot provide for her reasonable needs at a standard compatible with health and comfort. It is no kinder to the patients than to the nurse to expect the latter to live and work at a salary which is not sufficient for proper food and clothing, leaving saving or recreation out of the question."



CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JULY 13, 1903.

BLANCHARD, MAUDE E., recently on duty at the United States General Hospital, Presidio, San Francisco, Cal., discharged.

Hunt, Helen Grant, graduate of the New York City Training-School, with postgraduate work at the Infants' Hospital, Randall's Island, and later night superintendent of the same, appointed and assigned to duty at the United States General Hospital, San Francisco.

Lippert, Ida Dora, reserve nurse United States Army Nurse Corps, reappointed and assigned to duty at the United States General Hospital, Presidio, San Francisco, Cal.

McCormick, Elizabeth F., graduate Colorado Training-School, Arapahoe County Hospital, Denver, Col., appointed and assigned to duty at the United States General Hospital, Presidio, San Francisco, Cal.

McGary, Margaret, recently returned from the Philippines, discharged at her own request.

Moore, Nellie, graduate of St. Mary's Hospital, Detroit, Mich., appointed and assigned to duty at the United States General Hospital, Presidio, San Francisco, Cal.

Purves, Mary Olive, transferred from the First Reserve Hospital, Manila, to Base Hospital, Iloilo, Panay, for duty as acting chief nurse.

Richmond, Edith L., transferred from General Hospital, Presidio, San Francisco, to the United States General Hospital, Fort Bayard, N. M., for duty.

Talcott, Mary B., discharged at her own request, after a long and faithful service, to visit her home and take a much-needed rest.

Weathers, Eloise M., discharged at her own request to accept a civil position in Cuba.

White, Cecil, transferred from General Hospital, Presidio, San Francisco, to the General Hospital, Fort Bayard, N. M., for duty.

Woods, Emma, graduate of the West Pennsylvania Hospital and Training-School, appointed and assigned to duty at the United States General Hospital, Presidio, San Francisco, Cal.

FOR THE MONTH ENDING AUGUST 11, 1903

BAUER, MRS. CHRISTIANA M., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Brinton, Mrs. Elizabeth M., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Burke, Nina M., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Daly, Annie A., transferred from the General Hospital, San Francisco, to duty on the transport Sheridan en route to the Philippines for duty in that division.

Dwyer, Katherine, recently arrived in Manila, assigned to temporary duty at the First Reserve Hospital, Manila.

Eastham, Marian, transferred from the First Reserve Hospital, Manila, P. I., to duty at the General Hospital, Presidio, San Francisco.

Gertsch, Bertha M., recently arrived in Manila, assigned to duty at the First Reserve Hospital.

Griggs, Edith Young, graduate of U. B. A. Training-School, Grand Rapids, Mich., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Hanson, Bernice E., recently arrived in Manila, assigned to temporary duty at the First Reserve Hospital.

Howard, Carrie L., transferred from the General Hospital, San Francisco, to duty on the Sheridan en route to the Philippines for duty in that division.

Keliher, Josephine Frances, graduate of Providence Hospital, Washington, D. C., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Kennedy, Emma L., transferred from duty at Iloilo, P. I., to the First Reserve Hospital, thence to transport Logan en route to the United States for discharge. Arrived in San Francisco August 10, 1903; awaiting orders for discharge.

Lindley, Laura L., transferred from duty at Iloilo to the First Reserve Hospital, Manila, thence to the Logan en route to the United States for discharge. Arrived in San Francisco August 10; awaiting orders for discharge.

Lippert, Ida Dora, transferred from the General Hospital, Presidio, San Francisco, Cal., to duty at the General Hospital, Fort Bayard, N. M.

Macdonald, Mary D., recently arrived in Manila, assigned to temporary duty at the First Reserve Hospital.

Mann, Mrs. Emilyn P., transferred from the First Reserve Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Marker, Ida Maude, transferred from the General Hospital, San Francisco, to duty on the Sheridan en route to the Philippines for duty in that division.

Mills, Bessie, transferred from the General Hospital, Presidio, San Francisco, to duty on Sheridan en route to the Philippines for duty in that division.

Perkin, Willessie M., ordered from the General Hospital, San Francisco, to duty at the General Hospital, Fort Bayard, N. M.

Reynolds, Katharine R., transferred from the General Hospital, San Francisco, to duty on the Sheridan en route to Philippines for duty in that division.

Riordan, Marie A., recently arrived in Manila, assigned to temporary duty at the First Reserve Hospital.

Valentine, Minnie L., formerly on duty at the General Hospital, Fort Bayard, N. M., discharged.

Wheeler, Margaret M., formerly on duty at the General Hospital, San Francisco, discharged.

Wills, Edith M., transferred from duty as chief nurse at Fort Bayard, N. M., to duty as chief nurse at Iloilo, P. I. Sailed from San Francisco on transport Sheridan August 1.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: To assume or to argue that men as a rule surpass in general adaptability and competency the women in the avocation of nursing is a position which the writer does not take, feeling, as he does, that such a statement would be radical and self-assertive, and one which has not or cannot be corroborated by observation and experience.

The motive which has prompted the writing of this article is not one of antagonism to the propriety of women nursing, but rather to set forth in as clear a light as possible some cases or instances where the skilled training of the hand and the brain of the man nurse is advantageously felt and realized. It is true, I verily believe, that the special fitness and qualifications of a woman over a man in the nursing of all ills and diseases to which the human family is heir are greatly superior, and especially is this true in surgical cases.

One principal reason why the woman nurse is held in preference over the man is because of the elements of sympathy and compassion which is a part of her human nature, and which does not naturally enter into and prove a controlling feature in the action of men in general.

The gentleness and tenderness of a woman shown in the handling of cases affected with nervous troubles, where the peevishness of the nature asserts itself in a remarkable degree, renders the service of a woman especially desirable with this class of patients.

In cases of paralysis, insanity, urinary troubles, and in most all instances where the patient is suffering dire physical extremity, which practically resolve themselves into sheer exhaustion or helplessness, I am firmly of the opinion that the man nurse can work to better advantage and obtain better general results in the outcome of the cases than the woman. I am quite sure the experience of nursing in hospital and home will sustain this statement.

The principal reasons, as I have observed them, which warrant this assertion are, first, the greater physical strength of the man nurse to combat and overcome the physical obstinacy in some cases, and in others the utter helplessness wrought as results of these diseases; second, because men are more generally affected with the above enumerated troubles, and as men they much prefer a nurse of their own sex for private reasons. To such cases men render to men better and more satisfactory service.

The question is frequently asked, Why are there not more good men nurses if they are naturally or can by a course of training be duly qualified to nurse the troubles of human kind? If the persons who make this inquiry would inform themselves of the fact that there are in the United States, so far as the writer knows, just two places where a man can receive training,—viz., Bellevue Hospital in New York City and Grace Hospital at Detroit, Mich.,—they would not or could not wonder at the fact of there being so comparatively few men who have acquired a marked degree of proficiency in this avocation of life. If there were at least

one such school in each of the large cities or commercial centres which dot our land, there would be infinitely more young men who would take up the work of properly fitting themselves for nursing, and thus relieve the women of a great many disagreeable cases which in all probability they would gladly and willingly surrender. There is no good reason why there should be an unfriendly rivalry or contention between men and women in the nursing line, because each can, if the proper spirit be shown, be friendly, agreeable, and helpful to the other. To exclude either from this grand, good field of labor would be a personal imposition, injustice, and injury to those who have aspirations in this direction.

As I said at the outset, women as a rule are better adapted to nursing in the broadest and highest sense of the term, but this does not by any means argue the men out of the question of entering this field of study and action.

The writer spent nearly a year of his life in army hospitals during the late war in Jacksonville, Fla., Savannah, Ga., and Havana, Cuba, and six months in the two leading hospitals of Chicago. He knew nearly a hundred nurses while there and saw them about their work, and observed nothing which would indicate or reflect discredit upon the profession, or which would disgrace or shock the modesty of a lady, whether she be the sister or wife of the physician or officer in charge, and he can see no good reason why a young man should not want a sister to act in the capacity of a nurse in an army hospital as well as a private one.

The conclusion of the whole matter is, as I see it, that there is certainly a place in the profession of nursing for men, and that in some cases, the ones which I have mentioned and perhaps others yet undiscovered, the services of a man nurse would prove preëminently helpful and advantageous.

JOHN FREDERICK.

PAXTON, ILL.

DEAR EDITOR: Dr. Stone's article in the July number of the JOURNAL surely provides for nurses abundant food for thought. With some ideas advanced by him we must be in sympathy, while with others we can but strongly disagree. It is true that for the past few years there has arisen periodically a cry for cheaper service in nursing. This cry has come always from the medical profession, and when one recollects the praise given to intelligent, well-trained nurses, and by the same men who now demand cheaper work, we can but wonder why the change of opinion has arisen. The intelligent, well-trained woman is and has always been, and she will continue to be, the most valuable aid to the profession which now makes loud demands for a cheaper article, and one wonders if excellent work is less desirable now than when first training-schools sent out nurses to the public. Be that as it may, the demand for cheaper service has become so general that schools have been organized to train inferior women in a much shorter time than is required for the educating of superior women, and those women not sufficiently well educated to enter the training-schools must have schools especially organized for them to be instructed in the few things which are deemed necessary to enable them to successfully care for the sick. If the question of expense is the only one to be considered, why would it not be far more satisfactory to employ the hourly nurse, who is as good in every way as she who remains the entire time with the patient, this giving the sick person excellent care for the little time necessary, and have a maid to do the work which properly belongs to a maid? Would it not be better for the patient

to have the proper care for a short space of time than to have very indifferent care continually? To a nurse this would seem the better way. It is true that when the movement of training attendants first started some graduate nurses were for a time connected with it. But they soon left it. Nurses of to-day are striving to advance, and the attendant movement is not considered by them a movement in the right direction. Dr. Stone suggests that small hospitals be made schools for attendants, and he also says of these small hospitals, "There are many points where, in the care of patients, the small institution offers advantages that are not to be found in the more complex machinery of a great hospital." This we know to be very true, and it is largely because of the excellent nursing given patients in the small hospitals that that is the case. Then, will the trustees of these small hospitals, who are justly proud of the high standard of their hospitals, be willing to lower the standard to enable them to train a class of women who when trained will be neither nurses nor anything else? We trust not. Many of these small hospitals are establishing excellent post-graduate courses, thus providing the best of nursing for their patients and giving added knowledge to graduates, some of whom go to them from our large and progressive schools. There are small hospitals with training-schools, and I am quite sure, should the curriculum of such a school be compared with that of the large school, the small school would not as a rule be the one to suffer by the comparison. Is it true that applicants for admission to the small schools are discarded applicants of the large schools? Not as a rule. Many parents who strongly object to their daughters entering large training-schools are quite willing to allow them to enter the smaller schools, and one will find intelligent, educated, refined young women in the small schools as well as in the large. The small schools have many advantages over the large. In the small schools, where no medical students are to be found, the nurse is the assistant to the visiting physician, where her sister of the large school stands by an interested looker-on, and as practice makes perfect, in such cases the nurse in the small school has the advantage. Let us not forget that some of our most able statesmen, and also some of our greatest leaders, have been graduates of small colleges, and to-day we can, if we look for them, find among our most able women in the nursing profession not a few who have graduated from small training-schools. So let us not pull down the small schools, but rather make them better each year, and if training-schools for attendants must be created, let it not be at such a cost as the destruction of the training-schools of the small hospitals.

SUPERINTENDENT OF A LARGE TRAINING-SCHOOL.

[We are inclined to believe that the true solution of this problem is an economic one. At present there are not enough nurses, and they are badly distributed. When the supply is greater than the demand,—now it is the reverse,—young nurses, like the young doctors, will have to work among the people of moderate means. A professional fee based upon skill and ability will take the place of the established scale of wages now paid to all nurses without regard to knowledge or experience.—Ed.]

[LETTERS to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.]

EDITOR'S MISCELLANY



PRELIMINARY TRAINING OF NURSES.—With the gradual raising of the standard in various departments of educational work it is not unnatural that renewed attention should be directed to the preliminary training of nurses. Apparently nursing has ceased to be a trade, and has become a profession with certain definite standards. The last few years have seen the organization of nurses in various parts of the country, and with this organization must come a definite feeling of the importance of the body to which they belong and of the necessity of forcing this recognition upon people at large. It has been noticeable for the past few years that both nurses themselves and physicians interested in the general problem have been suggesting a certain more definite preliminary training for women intending to take up the profession of nursing.

In the issue of the *Journal* for November 21, 1901, Dr. R. C. Cabot expressed the hope that in the course of time nursing might be made a "liberal profession." To this end he made various pertinent suggestions regarding the reform of training-schools, and came to the following general conclusions: that the instructors of nurses should be paid; that nursing should be taught by nurses; that the preparation for private nursing should be taught in private families and by private nurses, and that the curriculum should contain liberal as well as purely technical studies.

Again in our issue for June 18, 1903, Dr. Francis P. Denny discusses the need of an institution for the education of nurses which shall provide for their training independent of the hospitals before undertaking the actual work of hospital nursing. Dr. Denny believes that the nurse's diploma should come from this institution rather than from the hospital, and that its award should represent satisfactory work in the preliminary course, together with service in a hospital in which there was a high standard of nursing.

All this points clearly in the direction we have indicated, that physicians as well as nurses are demanding more completely trained women, and that the educational standard must thereby be definitely and permanently raised. The matter seems to have reached a more or less definite solution in Philadelphia, where there has recently been organized, under the auspices of the Drexel Institute, a preparatory course of instruction for nurses. This movement has been instigated by Dr. S. Weir Mitchell and the superintendents of the leading training-schools of the city. After due consideration of the question, members of the American Society of Superintendents of Training-Schools for Nurses have reached the conclusion that if a preparatory course of training in scientific branches can be given, it would afford much needed relief for nurses during the first year of their actual technical training. The course of instruction which has been mapped out in the preliminary announcement includes such subjects as anatomy, physiology, medical chemistry, domestic science and economics, English, vocal expression, hygiene, bacteriology, and, what is no doubt of equal importance, physical training in the gymnasium. Public lectures on art, science, literature, etc., which are from time to time given at the institute during the winter, are also to be open to the student. It is proposed to give a certificate to those who complete

the full course, and the leading training-schools of the city are to give preference to candidates who hold a certificate of the preparatory course.

This experiment, if we may call it by that name, is practically sure of success. Whenever standards have been raised, whether in medicine or other lines of work, there have always been students in sufficient numbers to meet the added demands made upon them. That this will also be true of nurses there cannot be the slightest question, and in general we must be in sympathy with a movement which tends to the betterment of what is becoming more and more distinctly professional work.

The consequences, however, of this elevation of standard and consequent extra time demanded will, no doubt, be felt in the increased payment which must be made to such highly trained women. This we cannot regard as an unmitigated blessing. The standard fee of three dollars a day has long been established, is in general adequate for the work demanded, and we should regret for various obvious reasons to see a definite and permanent increase in the amount demanded by the best nurses. Already certain obstetrical nurses, and no doubt others, are asking and getting twenty-five dollars a week. We have not the slightest desire to begrudge this or any other amount which may be legitimately earned, but we must distinctly face the fact that a new class of nurses will be developed, inferiorly educated, who will in consequence give their services for smaller amounts. We need nurses for all classes in the community, and particularly for that class of persons whose means are moderate, but whose requirements are the same as with persons of much greater financial resources. In the development of nursing as a profession we certainly do not wish to lose sight of nursing as a humanitarian art, nor do we wish to lose sight of what practical nursing really is. We are somewhat skeptical as to the claim of nursing to be ranked as a "liberal profession," and we shall regret the day, which seems close upon us, when women trained as nurses will find it beneath their dignity to do the hard, menial, disagreeable work which, after all, constitutes the essence of their calling. Even under existing conditions many nurses are far from being an unmitigated blessing in the household, and if further education is to increase this deplorable tendency we must forthwith call a halt. In the meantime we await with much interest the developments which are sure to come.—*Editorial Comment Boston Medical and Surgical Journal, July 2*

ARE NURSES PROFESSIONAL PERSONS?—

Boston, July 5, 1903.

MR. Editor: Your editorial in the current number of the *Journal* (Boston *Medical and Surgical Journal*, July 2) must interest all of us who have concerned ourselves with what one may call the nurse's problem. One aspect of the problem frequently has appeared to me to be too little regarded: I refer to the condition which you mention in describing the work of nurses as a "liberal profession"—their status after graduation.

The meaning of the words "liberal profession" must be an extremely elastic one. The Standard Dictionary defines a profession as "an occupation that properly involves a liberal education or its equivalent, and mental rather than manual labor." Truly this is a halting description, though correct enough so far as it goes.

I take it that professional persons, such as lawyers, doctors, literary men, engineers, etc., work for fees—for small fees or for large fees according to their

earning capacity. The professional person's success in life must depend upon his mental and physical achievements and capacities, and his tasks, limited in the same fashion, are a measure of his success.

In this sense can nurses be regarded as professional persons? In the very nature of things they must work for wages and not for fees, their wages are limited by well-recognized conventions, and their ambitions and progress are not stimulated by increasing opportunities and proportionate increasing returns.

Most of the advocates of the higher training of nurses have lost sight of the individual after her graduation. It would be interesting to know in what way they propose to solve the problem of nurses as practitioners and not as undergraduates.

School work is but the first step in the career of most professional persons. After graduation comes development, progress, achievement. In every true profession there must be ceaseless advance, but no goal.

Who may say that in a nurse's life work her graduation does not mark the goal of progress?

M.

—*Boston Medical and Surgical Journal.*

THE secretary of the State Board of Health of Michigan has issued a circular to physicians which contains the following:

"Tetanus is generally recognized as a dangerous communicable disease. It has been so declared by this State Board of Health. But the disease is not spread directly from person to person. It is caused by germs of one particular species, a bacillus which has been repeatedly found present in cases of sickness from this disease, also in dirt and in cartridges. The specific micro-organism which causes tetanus usually enters the body through a wound, scratch, or abraded surface of the body. Tetanus sometimes follows stepping upon a nail, especially in an old board about a barn or garden, and frequently follows an injury by a cartridge of a toy pistol, or other wound inflicted by means of gunpowder upon the hand, face, or foot. A wound upon some part of the body, within ten days prior to the development of the disease, should be carefully inquired for and the fact reported. The germs are sometimes found in garden soil and about barns, and in gunpowder made from unpurified saltpetre derived from the excrement of bats in caves. Perhaps this explains the frequency of tetanus following injuries by firecrackers and cartridges of toy pistols."



EDITORIAL COMMENT



THE AUGUST NUMBER

MANY of our readers who have never experienced the inspiration which can only be realized by attending a large convention like the meeting of the Nurses' Associated Alumnae in Boston doubtless opened the August number with some feeling of disappointment, and many, we fear, threw it to one side with but little perusal.

We would say to these readers that upon a more careful examination this number will be found to contain a wealth of interesting and instructive matter. There are helpful suggestions and food for thought in every paper read, as shown by the table of contents, and in some of the discussions valuable points of interest are brought out.

By-laws are, of course, a dry subject, but every alumnae member should take time to go over this part of the report, as she may be a delegate who will have to vote intelligently upon these very questions at some future time.

Later on we shall take up again the question of eligibility, of which brief mention was made in the July issue, but we think it better to wait until the local societies are organized for the winter and are ready to give consideration to this very important subject.

Correct Alumnae

THE future ownership of this JOURNAL is another question discussed at this meeting which will also require wise heads to determine. It will be remembered that THE AMERICAN JOURNAL OF NURSING was established in the beginning by a committee appointed by the Alumnae Association. It was not until several years had passed, and after ways and means had been most carefully considered, that the JOURNAL Company was organized, composed entirely of alumnae members, and the enterprise floated, with the distinct understanding that the magazine should become the property of the Alumnae Association whenever that association should be in a position to reimburse the stockholders and promoters for their outlay. The company stands ready to fulfil its obligation.

Each year the JOURNAL as a business enterprise becomes more valuable, and the capital required to purchase it increases with delay. The point to be decided, as shown in the discussion, is, Shall the Alumnae Association make a supreme effort to financially own the JOURNAL, or shall it relinquish the idea as being impracticable, leaving the development of the enterprise to the individual stockholders and Alumnae Associations, who are now its financial backers?

WE have been requested to call attention to the note appended to the report of the treasurer, which shows the Alumnae Association to be in arrears financially, reference to which is made in the report of the secretary on page 848 of the August number. This deficiency comes from the failure of members of the profession to promptly purchase the Buffalo congress report, leaving both the

books and a debt in the hands of the committee, who were authorized to proceed with the publication of the proceedings.

The Buffalo congress was the most notable occasion among nurses that has transpired in this country. It brought together women of many nations, and the proceedings and papers as presented in the report make a most valuable reference-book for public and training-school libraries. It should be in the hands of every woman making any claim to membership in the nursing profession.

The Alumnae Association pledged itself to meet a certain proportion of the expense of publishing this report, depending upon the sale of the books for reimbursement, but the individual members have failed to meet their share of the obligation, hence the debt to be met by the association. The situation reflects discredit upon the nursing profession, and should serve as a warning to all nursing organizations to proceed carefully in voting to assume liabilities of a financial character. There is a deal of educating yet to be done before the masses can be made to look upon progressive questions from the standpoint of the few enthusiastic leaders, and in matters where money is to be pledged the condition of the treasury should be given careful inspection before such action is agreed upon.

THE MEDICAL ATTITUDE

SINCE our editorial in the July number, in which we commented upon the ignorance of many medical men of the efforts nurses were making for the advancement of nursing education, our attention has been called to a number of examples of this same ignorance which seems to warrant further consideration of the subject in these pages.

First let us say that our experience and observation would seem to prove that the masses of medical men concern themselves very little about nursing matters. They are liberal in their attitude, willing to grant every privilege of personal or organized effort to nurses in the management of their own affairs, asking only that capable, well-trained nurses shall be provided to take care of their patients. This liberal attitude has been proved by the action of the medical organizations that gave their support to the nurses of North Carolina, Illinois, Virginia, and New York in their recent successful legislation. It would be impossible for the great body of the medical profession to keep in touch with nursing progress in all of its detail, but we do expect the few physicians who interest themselves in nursing matters to keep themselves informed of what is being done by nurses, by hospitals, and by educational institutions along all the lines of nursing progress, whether for better theoretical instruction, more thorough technical training, or upon the lines of what is now known as preliminary training.

In the *Boston Medical and Surgical Journal* of June 18 Dr. Francis P. Denny, of Brookline, Mass., published an article entitled "The Need of an Institution for the Education of Nurses Independent of the Hospital."

In this paper Dr. Denny has advocated what is known to our readers as the "Central School Idea for Preliminary Instruction to Nurses." It is an able paper, his arguments are forcibly drawn, and with the exception of one or two points we are in sympathy with the plan as he has outlined it, but our criticism is that Dr. Denny does not seem to know that his plan is three years old, that his idea originated in the brain of a trained nurse, a graduate of the Massa-

achusetts General Hospital Training-School, as the result of many years of practical work in the administration of the affairs of a large hospital, and that his arguments in favor of the plan would almost seem to have been borrowed from the editorial pages and from papers published in *THE AMERICAN JOURNAL OF NURSING*. That he has heard something of the effort nurses are making in their own behalf is shown in just one sentence, when he says, "There is a movement on foot also on the part of nurses themselves to secure improvement in their education."

How much more powerful the influence of Dr. Denny's paper would be if he could have added his appeal to the efforts already being made in Boston by Miss Davis and the Superintendents' Committee for the establishment of such a course as he describes? By such coöperation with the superintendents of the leading training-schools in that vicinity, who for more than a year have been organized to bring about such a course, the cause would have been greatly advanced. As it is, he enters the field seemingly as an interloper, stealing the thunder of the nurse to whom should be accorded the credit of one of the most brilliant schemes for nursing advancement yet conceived.

Miss Davis's idea, although still untried in Boston, has taken form in Rochester at the "Mechanics' Institute," in Philadelphia at the "Drexel," and we hear it in the air that "Pratt" is ready when the nurses at the heads of the training-schools in Brooklyn will outline a course, that "Cornell" is to be approached, that "Rush" is already working, that "Colorado" is acting, that "Stanford" may consider it, and that even conservative "Harvard" is to establish a "chair of nursing" to be occupied by a medical man!!!

Surely Dr. Denny must have been taking a long nap. Preliminary training, in an institution separate from the hospital, which shall prepare the nurse for her duties in the hospital, which shall relieve the hospital of the burden of providing the theoretical part of her nursing education, has long been recognized by nurses as a necessity.

Preliminary training as it is established in a number of hospitals in Great Britain and at the Johns Hopkins and the New York City Training-School has demonstrated the value of such special preparation to both nurse and hospital, but few hospitals seem to be able to meet the expense of establishing independent departments for such instruction, and the central school, as Miss Davis and Dr. Denny have outlined it, makes preliminary instruction possible for the pupils of all hospitals at a comparatively minimum cost.

We welcome every helping hand in this work, but we reiterate that the two professions of medicine and nursing must be united in their efforts before either can expect to accomplish much for good in the way of nursing advancement.

We must not give further space in this issue to the subject, but we publish in the Miscellany two clippings bearing upon the subject of nursing education, and it will be seen that even the editor of the *Boston Medical and Surgical Journal*, although he approves in a measure of the advanced movement, is a little "foggy" as to what is really being done.

SIMMONS COLLEGE RECONSIDERS

DR. LA FAVOUR, president of the Board of Trustees of Simmons College, has asked for a conference with Miss Davis and her committee. We hope to be able to report that in spite of the delay Boston is yet to have the ideal school

for the preliminary training of nurses, organized upon lines satisfactory to all parties concerned. We understand that the two leading hospitals, the Massachusetts General and the Boston City, are ready to coöperate with the committee as soon as Simmons College will consent to certain conditions that the committee require.

NOT ENOUGH NURSES

WE are informed by the superintendent of nurses of the Lakeside Hospital of Cleveland, O., that the supply of nurses for private duty is not equal to the demand, and that there is room in that section of the country for a number of skilled nurses.

We understand that much difficulty is found in securing competent women for hospital positions in the Middle West, and we would suggest that nurses who are struggling to make a living in the older and more crowded sections should try a new field, where training-schools have not been so long established and the number of graduates is less. We have always advocated nurses from the country going back to their home region, where they are sure of a cordial welcome from the family doctor, and while the amount of money earned may be less, the cost of living is lower, while to feel oneself a part of the community will compensate for much.

We are quite sure that if the managers of hospitals would use the want column of our advertising pages when in search of competent women to fill responsible positions they would easily come into communication with a number from whom to make a selection. We find the superintendents of training-schools in despair over the fact that they cannot supply the demand for their graduates to fill hospital positions, and we frequently know of experienced women who wait for months for a suitable opening. All of this might be avoided if the JOURNAL pages were used more freely by both parties, who are now inconvenienced by not appreciating the avenue of communication that the magazine offers.

POST-GRADUATE SCHOOLS

WE call the attention of those of our readers who have so frequently written to know about post-graduate schools to the advertisements on the training-school want page, where notice of several such schools will be found.

We recommend careful investigation of such schools, because in every instance we do not personally know of the character of the work offered, but we offer the suggestion, as we are not always able to reply promptly to such letters of inquiry.

THE YEAR CLOSES

THE JOURNAL closes its third volume with the present issue. It has been a year of wonderful achievement in the nursing world. In the years to come the pages of this JOURNAL will be referred to as containing the only authentic history of the origin of State registration for nurses in the United States by those women yet untrained who will be accorded recognition as members of an honorable profession because of the work accomplished upon these lines during the past year.

But State registration, like preliminary training and the development of all

the different lines of work which the JOURNAL advocates, is yet in its infancy. The coming year promises to be even richer in interest; progress upon many lines touching every woman in the work will be advanced, and each step recorded in the JOURNAL.

The machinery of the law governing registration will be made clear to our readers. When, where, and how to register; the standards of education agreed upon in the different States, and the laws secured by those States now taking action or yet to do so, will be promptly and officially announced.

The development of the JOURNAL during the past year has been of an exceedingly substantial character, both professionally and in a business way. It now stands as the official organ of six large societies, four national and two State, the Pennsylvania State Nurses' Association having recently adopted it as its official organ. This means that the announcements and reports of these organizations are first made through the pages of THE AMERICAN JOURNAL OF NURSING, and that in no other way can members be sure that such reports are authentic, as the JOURNAL publishes only such proceedings as are officially signed by the secretaries of the different societies.

THE EDITORIAL STAFF

THE editorial staff will remain unchanged, with the addition of Miss M. E. Cameron, who will assume charge of Book Reviews. Her occasional contributions to that department give promise of good things to come. Miss L. L. Dock, the well-known editor of the Foreign Department, is spending the year abroad, and her contributions will be written in foreign lands, from personal observations in many instances.

EDITORIAL COMMENTS

THE Editorial Comments express the views of the editor-in-chief upon the topics of most important interest of the month. She is supposed, from her vantage-ground, to see a little beyond the horizon line on some questions, and her endeavor is to make nurses think for themselves by suggestion rather than to definitely advise, to be non-partisan, and at the same time to outline such a policy as shall be in accord with the highest ideals of the organizations which the JOURNAL represents.

THE COLLABORATORS

To the splendid staff of collaborators, to whose efforts are due, in a great degree, the literary excellence of the JOURNAL, will be added the names of Miss Lilian D. Wald, Miss Annie Damer, and Miss S. H. Cabaniss. These are all women of achievement along original lines, and are too well known to the profession to require special introduction to our readers.

TIME TO RENEW

WE wish to remind our readers that the renewals for October should be made at once.

It is almost impossible to estimate the number of new subscribers who will come in with the year, and it is always a matter of deep regret when old subscribers cannot be supplied with back numbers. This can only be entirely avoided by prompt renewals on the part of all.

WHAT WE ASK

WE remind the profession once more that *THE AMERICAN JOURNAL OF NURSING* is the only periodical owned, edited, and managed by nurses in the United States. It gives eighty-four pages of reading matter and thirty pages of advertising every month for two dollars.

The managers and editors appeal to the profession to assist them in broadening the usefulness of the *JOURNAL*. It is a great educational factor in nursing development, and by increasing the subscription list professional growth as well as business improvement is secured, and in just the degree that the *JOURNAL* adds to its financial strength just so much can its usefulness and literary merit be advanced.

The members of the six organizations who are officially represented in the *JOURNAL* should, we think, feel themselves under obligation to the management to the extent of becoming subscribers themselves and, if possible, of securing at least one new subscriber. This seems little to ask, but if the suggestion were to be acted upon, the practical result would be surprisingly to the advantage of the *JOURNAL*.

OUR APPRECIATION

MISS RIDDLE, in her address at the sixth annual convention of the Nurses' Associated Alumnae in Boston, in speaking of the *JOURNAL*, said: "The enthusiasm of the launching of the enterprise has passed. We now require the gift of continuance in industry."

Miss Riddle, as the treasurer of the *JOURNAL* Company, spoke with knowledge of her subject. The *JOURNAL* is now an incorporated business enterprise, to be governed by business principles, to stand or fall in the journalistic world according to its merit.

It cannot be governed by exaggerated ideas of ethics, neither can it be conducted for the benefit of the few highly cultured members of the profession, but it must meet the wants of the great American average in the nursing profession.

It will require wise heads, well-balanced minds, and true business knowledge for its continuance.

To those who have remained with us in industry, untouched by jealousy or criticism, constant, ever ready with a helping hand or friendly counsel, we extend our most heartfelt expression of appreciation.



